

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 02, 2001 8:00 am**
Secretary of State

03-02-2001 90069 020 ***150.00

DOCUMENT # F29663

1. Entity Name

INTERSALES CORP.

Principal Place of Business

Mailing Address

**2601 S BAYSHORE DR
SUITE #1250
MIAMI FL 33133
US****1925 BRICKELL AVENUE
SUITE D202
MIAMI FL 33129
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2119652**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FREEMAN, ROBERT A., P.A.
2601 S BAYSHORE DR
S1425
MIAMI FL 33133**

Name

George Befeler

Street Address (P.O. Box Number is Not Acceptable)

80 SW 8 St., Suite 3100

City

Miami**FL**

Zip Code

33130

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

George Befeler**02/10/01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PTD	BONILLA-MATHE, SALVADOR	1925 BRICKELL AVE, D 202	MIAMI FL	<input type="checkbox"/>	<input type="checkbox"/>
D	PARAJON, ROBERTO	442 N.E. 71 ST	MIAMI FL	<input type="checkbox"/>	<input type="checkbox"/>
SD	FREEMAN, ROBERT A	2601 S BAYSHORE DRIVE #1250	MIAMI FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
SD	Befeler, George	80 SW 8 St., Suite 3100	Miami, FL 33130	<input checked="" type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Salvador Bonilla-M.**02/12/01****305-856-1452**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)