

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90113 020 ***150.00

DOCUMENT # F98000006893

1. Entity Name
INTERAMERICAN NETWORK, INC.

Principal Place of Business

**12490 NE 7TH AVE
 #216
 N MIAMI FL 33161
 US**

Mailing Address

**12490 NE 7TH AVE
 #216
 N MIAMI FL 33161
 US**



2. Principal Place of Business

16711 Collins Ave.

Suite, Apt. #, etc.

2705

City & State

No. Miami Beach, FL.

Zip

Country

33160

USA

3. Mailing Address

16711 Collins Ave.

Suite, Apt. #, etc.

2705

City & State

No. Miami Beach, FL.

Zip

Country

33160

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **13-3166819**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FASSARI, VICTOR
 16711 COLLINS AVE #2705
 NORTH MIAMI BEACH FL 33160**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **CP** ☐ Delete
 NAME **FASSARI, VICTOR**
 STREET ADDRESS **16711 COLLINS AVE #2705**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **SIGNATURE REQUIRED** **Fassari**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-02 (305) 981-8840
 Date Daytime Phone #

CR2E034 (9/01)