

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H17979

1. Entity Name

INTERCONTINENTAL TEXTILES CORPORATION

Principal Place of Business

Mailing Address

3405 NW 9TH AVENUE  
SUITE 1208  
FORT LAUDERDALE FL 33309  
US

3405 NW 9TH AVENUE  
SUITE 1208  
FORT LAUDERDALE FL 33309-5943  
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

65-0018058

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

KAPLAN, ERIC J.  
110 BRICKELL AVE.  
SEVENTH FLOOR  
MIAMI FL 33131

Name

KAPLAN, ERIC J.

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

9200 SOUTH DADELAND BLVD.

SUITE 619

City

MIAMI,

FL

Zip Code  
33156

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE AS ☐ Delete  
NAME KAPLAN, ERIC J  
STREET ADDRESS 1100 BRICKELL AVE. SEVENTH FLOOR  
CITY-ST-ZIP MIAMI FL

TITLE AS ☒ Change ☐ Addition  
NAME KAPLAN, ERIC J.  
STREET ADDRESS 9200 SOUTH DADELAND BLVD., SUITE 619  
CITY-ST-ZIP MIAMI, FLORIDA 33156

TITLE P ☐ Delete  
NAME COVINGTON, DEANA L  
STREET ADDRESS 3405 NW 9TH AVENUE, SUITE 1208  
CITY-ST-ZIP FORT LAUDERDALE FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90233 002 \*\*\*150.00

00006049



DO NOT WRITE IN THIS SPACE

1-11-00 934 365 3912