

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K25461

1. Entity Name

INTERLINK-18, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90005 018 \*\*\*150.00

Principal Place of Business	Mailing Address
2801 N. PALM AIRE DRIVE APT #201 - BLDG. 7 POMPANO BEACH FL 33069 US	2801 N. PALM AIRE DRIVE APT #201 - BLDG. 7 POMPANO BEACH FL 33069-3471 US

2. Principal Place of Business	3. Mailing Address
4405 N.W. 73rd Ave	4405 N.W. 73rd Ave
Suite, Apt. #, etc. SUITE 30-245	Suite, Apt. #, etc. SUITE 30-245

City & State MIAMI - FLA.	City & State MIAMI - FLA.
Zip 33166	Zip 33166
Country DADE	Country DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number 66-0054370	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
-----------------------------	-----------------------------------------	--------------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--------------------------------------------------------------	--------------------------------

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MENDIOLA, CARMEN R 1815 SW 22ND ST FT LAUDERDALE FL 33315	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 \_\_\_\_\_ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$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	VP MARAVI, RAUL RIO JANEIRO 385 LIMA PE <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARCIA, ENRIQUE 8333 WEST MCNAB RD #125 TAMARAC FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BONILLA, LUIS TORRE BAZAR BOLIVAR P #3 EL MARQUEZ - VENEZUELA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE: Luis Bonilla - (P) Date: FEB 24 - 2000 Daytime Phone #: 934-968-7632

CR2E034 (9/99)