

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90075 018 \*\*\*150.00

**DOCUMENT #** K25461

**1. Entity Name**  
 INTERLINK - 18, INC.

**Principal Place of Business**  
 6412 UNIVERSITY DR., #110  
 TAMARAC, FL 33321

**Mailing Address**  
 6412 UNIVERSITY DR., #110  
 TAMARAC, FL 33321

**2. Principal Place of Business**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

**City & State**  
 City & State

**Zip** **Country** **Zip** **Country**

**4. FEI Number**  
 65-0054370

**Applied For**  
☐ **Not Applicable**

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 MENDIOLA, CARMEN R.  
 1815 SW 22ND STREET  
 FT. LAUDERDALE, FL 33315

**7. Name and Address of New Registered Agent**  
 Name **LUIS E. BONILLA**  
 Street Address (P.O. Box Number is Not Acceptable)  
 11487 NW 49TH DRIVE  
 City **CORAL SPRINGS** **FL** Zip Code **33076**

**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** X John M  
 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.** ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> VP	<input type="checkbox"/> Delete
<b>NAME</b> MARAVI, RAUL E.	
<b>STREET ADDRESS</b> RIO JANEIRO 385	
<b>CITY-ST-ZIP</b> LIMA, PERU	
<b>TITLE</b> S	<input type="checkbox"/> Delete
<b>NAME</b> GARCIA, ENRIQUE	
<b>STREET ADDRESS</b> 8333 WEST MCNAB RD., #125	
<b>CITY-ST-ZIP</b> TAMARAC, FL 33321	
<b>TITLE</b> P	<input type="checkbox"/> Delete
<b>NAME</b> BONILLA, LUIS E.	
<b>STREET ADDRESS</b> TORRE BAZAR BOLIVAR P, #3	
<b>CITY-ST-ZIP</b> EL MARQUEZ, CA VZLA	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> MARAVI, RAUL E.	
<b>STREET ADDRESS</b> RIO JANEIRO 385	
<b>CITY-ST-ZIP</b> LIMA, PERU	
<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b> 11487 NW 49TH DRIVE	
<b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 33076	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:** X John M  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **APRIL 23/2001** **Date** **Daytime Phone #**

CR2E034 (11/00)