

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90173 001 *****8.75
 02-27-2002 90173 002 ***150.00

DOCUMENT # K25461

1. Entity Name

INTERLINK-18, INC.

Principal Place of Business

**6412 N. UNIVERSITY DRIVE
 SUITE 110
 TAMARAC FL 33321
 US**

Mailing Address

**6412 N. UNIVERSITY DRIVE
 SUITE 110
 TAMARAC FL 33321
 US**

2. Principal Place of Business

3. Mailing Address

11487 NW 49th Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CORAL SPRINGS

4. FEI Number

670054370

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

FL 33076

US

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

BONILLA, LUIS E.

11487 NW 49TH DRIVE

CORAL SPRINGS FL 33076

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
 NAME **VP**
 STREET ADDRESS **MARAVI, RAUL**
 CITY-ST-ZIP **RIO JANEIRO 385 LIMA PE**

TITLE ☒ Change ☐ Addition
 NAME **V/S MARAVI, RAUL**
 STREET ADDRESS **RIO DE JANEIRO 385**
 CITY-ST-ZIP **LIMA - PE**

TITLE ☒ Delete
 NAME **VP**
 STREET ADDRESS **MARAVI, RAUL E**
 CITY-ST-ZIP **RIO JANEIRO 385 LIMA PE**

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

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **BONILLA, LUIS**
 CITY-ST-ZIP **11487 NW 49TH DRIVE CORAL SPRINGS FL 33076**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Luis E. Bonilla

Feb 13 - 2002 954-2940840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)