

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

02-20-2000 90011 020 \*\*\*150.00

**DOCUMENT # K57346**

1. Entity Name  
**INTERSA, INC.**

Principal Place of Business C/O GLENN HAFT 1200 S. PINE ISLAND RD., SUITE 475 PLANTATION FL 33324	Mailing Address C/O GLENN HAFT 1200 S. PINE ISLAND RD., SUITE 475 PLANTATION FL 33324-4470
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number <b>65-0103990</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**HAFT, GLENN**  
**1200 S. PINE ISLAND ROAD**  
**SUITE 475**  
**PLANTATION FL 33324**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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	
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MASTERS, PHILIP</b>
STREET ADDRESS	<b>221-18 MERRICK BLVD.</b>
CITY-ST-ZIP	<b>JAMAICA NY 11413</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FIELDS, ALLAN N</b>
STREET ADDRESS	<b>4141 N. 41ST ST.</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>PLEETER, LOUIS J</b>
STREET ADDRESS	<b>2255 GLADES ROAD, #236-W</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HAFT, GLENN R</b>
STREET ADDRESS	<b>1200 S. PINE ISLAND RD. #475</b>
CITY-ST-ZIP	<b>PLANTATION FL 33431</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>DIRECTOR/PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>DIRECTOR/CHAIRMAN OF THE BOARD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>DIRECTOR/SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>DIRECTOR/TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Glenn R. Haft **GLENN R. HAFT** 2/21/2000 (954) 476-7020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (9/99)