2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   L00000009933

1. Entity Name
INTER - MOBILE LC

50.00

FILED

01 JUN 27 AM 8 47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
1897 PALM BEACH LAKES BLVD., SUITE 226	1897 PALM BEACH LAKES BLVD., SUITE 226
WEST PALM BEACH FL 33409	WEST PALM BEACH FL 33409

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State	City & State	**4.** FEI Number
		52-2260505
Zip Country	Zip Country	Applied For / Not Applicable

4. FEI Number **52-2260505**   Applied For / Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
WARNER & ASSOCIATES CPA, P.A.	Name
1897 PALM BEACH LAKES BLVD., SUITE 226	Street Address (P.O. Box Number is Not Acceptable)
WEST PALM BEACH FL 33409	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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9.	MANAGING MEMBERS / MEMBERS		10.	ADDITIONS / CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	VUK, MARGARETA		NAME			
STREET ADDRESS	1897 PALM BEACH LAKES BLVD., SUITE 226		STREET ADDRESS		*50.00*	
CITY-ST-ZIP	WEST PALM BEACH FL 33409		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME	200004493552--4		
STREET ADDRESS			STREET ADDRESS	-07/24/01--01056--001		
CITY-ST-ZIP			CITY-ST-ZIP	****900.00 *****50.00		
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _TOH LOGAR - REPRESENTATIVE_   ADMINISTRATOR   4-30-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #