

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90587 008 ****50.00

DOCUMENT # L01000004677

1. Entity Name

INTERTHREE, L.L.C.



Principal Place of Business

**2548 COCO PLUM BLVD., UNIT 702
BOCA RATON FL 33496**

Mailing Address

**2548 COCO PLUM BLVD., UNIT 702
BOCA RATON FL 33496**

2. Principal Place of Business

3. Mailing Address

2901 Clint Moore Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#113

City & State

City & State

Boca Raton, FL 33496

Zip

Country

Zip

Country

33496

USA

4. FEI Number **59-2325149**

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

**LAW OFFICE OF JEFFREY L. GREENBERG, P.A.
4800 N. FEDERAL HWY., STE. 304-D
BOCA RATON FL 33431**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGR** ☐ Delete
NAME **CASTRO, FERNANDO JR.**
STREET ADDRESS **2548 COCO PLUM BLVD., UNIT 702**
CITY-ST-ZIP **BOCA RATON FL 33496**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04-26-03 954-849-2956

CR2E083 (10/02)

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