

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90017 004 ***150.00

DOCUMENT # L-04000051190	
1. Entity Name Inter property Services, LLC.	

DO NOT WRITE IN THIS SPACE

✓ **20045523**

2. Principal Place of Business 3952 S. CONGRESS AVE.	3. Mailing Address 3952 S. CONGRESS AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State LAKE WORTH, FL.	City & State LAKE WORTH, FL	4. FEI Number 20-1349906	Applied For ☐ No: Applicable
Zip 33461	Country USA	Zip 33461	Country USA
5. Certificate of Status Desired ☐		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City FL	Zip Code

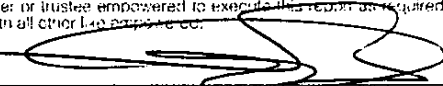
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature: Typed or printed name of registered agent and date of registration. (NOTE: Registered Agent signature required when resigning)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trus. Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS:			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. ALBORNOZ, ANTONIO 3952 S. CONGRESS AVE. LAKE WORTH FL. 33461	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. BRITOS, FEDERICO 3952 S. CONGRESS AVE. LAKE WORTH FL. 33461	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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 10 or on an attachment with an address, with all other Lie companies.

SIGNATURE:  **05/03/06** **(561) 968-6868**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Phone *

CR2E034B (12/02)