

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2000 8:00 am**
Secretary of State

04-28-2000 90081 007 ***150.00

DOCUMENT # L06642

1. Entity Name

INTERMARKETS TRADING CORPORATION

Principal Place of Business

Mailing Address

14076 TROUVILLE DRIVE
TAMPA FL 33624-695814076 TROUVILLE DRIVE
TAMPA FL 33625-1324

2. Principal Place of Business

3. Mailing Address

5523 RAWLS RD
Suite, Apt. #, etc.5523 RAWLS RD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

TAMPA FL

TAMPA FL

Zip
33625Country
HILLSBZip
33625Country
HILLSB

4. FEI Number

59-2963451

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

JANNOUN, SAEB M
14076 TROUVILLE DRIVE
TAMPA FL 33624-6958

SAEB JANNOUN

5523 RAWLS RD

TAMPA

33625

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

SAEB JANNOUN PRES

4-20-00

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 State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	JANNOUN, SAEB M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	14076 TROUVILLE DRIVE		5523 RAWLS RD
CITY-ST-ZIP	TAMPA FL		TAMPA FL 33625
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SAEB JANNOUN 4-20-00 813 963 0499

CR2E034 (9/99)