

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010042 AF

DOCUMENT # L99000005692

1. Entity Name  
INTEJA, LLC

FILED

01 MAR 12 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
SOUTHPARK EXECUTIVE CENTER  
12651 SOUTH DIXIE HWY., STE. 329  
MIAMI FL 33156

Mailing Address  
SOUTHPARK EXECUTIVE CENTER  
12651 SOUTH DIXIE HWY., STE. 329  
MIAMI FL 33156



2. Principal Place of Business  
1126 COTUIRO AV.  
Suite, Apt. #, etc.

3. Mailing Address  
1172 SOUTH DIXIE HIGHWAY  
Suite, Apt. #, etc.  
PMB 260

DO NOT WRITE IN THIS SPACE

MJJ

City & State  
CORN GABLES, FL  
Zip  
33146  
Country  
USA

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CORN GABLES, FL  
Zip  
33146  
Country  
USA

4. FEI Number 65-0946362  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SIDLOSCA, RANDALL L  
1101 BRICKELL AVENUE  
STE 1100  
MIAMI FL 33131

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
100 SOUTH BISCAYNE BLVD.  
Suite 800  
City MIAMI FL Zip Code 33131

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/7/2001

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

## 9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN, ROGER 1101 BRICKELL AVENUE, STE 1100 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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-03/20/01--01113-014  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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 #

CR2E083 (11/00)