

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M47514

1. Entity Name

INTEXCO INC.

**FILED**  
**Feb 13, 2000 8:00 am**  
**Secretary of State**

02-13-2000 90009 016 \*\*\*150.00

Principal Place of Business

Mailing Address

AIRPORT EXEC TWR II  
7270 NW 12TH ST STE 670  
MIAMI FL 33126-1427  
US

AIRPORT EXECUTIVE TOWER II  
7270 NW 12 STREET / STE - 670  
MIAMI FL 33126-1927  
US

2. Principal Place of Business

3. Mailing Address

AIRPORT EXEC. TWR II

Suite, Apt. #, etc.

7270 N.W. 12<sup>TH</sup> ST- STE 555

SAME

City & State  
MIAMI, FLA

City & State

Zip  
33126-1427

Country  
DADE

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2783671

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

BARRERA, FRANK X  
7420 SW 148 CT  
MIAMI FL 33193

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-2000

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 State**

10. 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

TITLE ☐ Delete  
NAME DPM  
STREET ADDRESS BARRERA, FRANK X.  
CITY-ST-ZIP 7420 SW 148TH CT.  
MIAMI FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FRANK X. BARRERA

1-30-2000

592-7063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)