

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90031 031 ***150.00

DOCUMENT # M47514

1. Entity Name
INTEXCO INC.

Principal Place of Business

AIRPORT EXEC TWR II
7270 NW 12TH ST STE 555
MIAMI FL 33126-1427
US

Mailing Address

AIRPORT EXEC TWR II
7270 NW 12TH ST STE 555
MIAMI FL 33126-1427
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 **BARRERA, FRANK X.**

Street Address (P.O. Box Number is Not Acceptable)
14301 SW 129 COURT

City **MIAMI**

FL

Zip Code **33186-8957**

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

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, 2002 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
 NAME **DPM**
BARRERA, FRANK X.
 STREET ADDRESS **7420 SW 148TH CT.**
 CITY-ST-ZIP **MIAMI FL**

TITLE
 NAME **BARRERA, FRANK X.**
 STREET ADDRESS **14301 SW 129 COURT**
 CITY-ST-ZIP **MIAMI, FLA 33186-8957**

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

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-31-01

Date

Daytime Phone #

CR2E034 (9/01)