

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M61770

1. Entity Name

INTERCONTINENTAL HOLDING GROUPE, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90148 008 ***150.00

Principal Place of Business

3405 NW 9TH AVE
SUITE 1208
FT LAUDERDALE FL 33309
US

Mailing Address

3405 NW 9TH AVE
SUITE 1208
FT LAUDERDALE FL 33309-5943
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 **65-0018056**

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

ERIC J. KAPLAN
1100 BRICKELL AVE
SEVENTH FLOOR
MIAMI FL 33131

Name
ERIC J. KAPLAN

Street Address (P.O. Box Number is Not Acceptable)
9200 SOUTH DADELAND BLVD.

SUITE 619

City
MIAMI,

FL

Zip Code
33156

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
COVINGTON, DEANA
3405 NW 9TH AVE, SUITE 1208
FT LAUDERDALE FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
KAPLAN, ERIC
1110 BRICKELL AVENUE, 7TH FLOOR
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
KAPLAN, ERIC
9200 SOUTH DADELAND BLVD., SUITE 619
MIAMI, FLORIDA 33156
☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ 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 #

1-11-00 954 585 3933