## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N0100007562

1. Entity Name

## INTERMEDIATE MOVEMENTS INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91318 023 \*\*\*\*70.00

Principal Plac	e of Busines:	3	Mailing Address	·							
			7471 NW 21 ST								
SUNRISE FL 3	3313		SUNRISE FL 33313								
						1 1980/8/8/8/					
2. Principal F	Place of Busin	ess	3. Mailing Address								
Suito Ant # ato		Suita Apt # eta									
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apr. #, etc.		CHECK HERE IF MAKING CHANGES						
City & State		City & State	City & State		4. FEI Number APPLIED FOR Applied I				plied For	]	
***************************************				المعطوع والمعادرة	<u>- //-36823</u>	11-3682327			Not Applicable		
Zip		Country	Zip	Countr	У	5. Certificate of	Status Desired	×	\$8.75 Add	litional d	l
	6. Name	and Address of Current	Registered Agent	<del></del>		7. Name and A	dress of New Re	gistered		<u> </u>	ĺ
					lame						1
DALEY, E				9	Street Addres	s (P.O. Box Number is	Not Acceptable)				1
7471 NW				_							-
SUNRISE	FL 33313										ļ
				[ ]	City			FL	Zip Code	ė	]
8. The above	named entity	submits this statement for	the purpose of changing it	ts registered of	office or regis	tered agent, or both,	in the State of Flor	ida. I am	familiar with,	and accept	1
the obligat	tions of regist	ered agent									
'SIGNATURE .	Signature, typed	or printed name of registered agent a	and title if applicable. (NC	TE: Registered Ag	ent signature requ	ired when reinstating)		DATE		<del></del>	
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1	FII F NOW	· FFF IS \$61.25	9. CIECTION C	ampaign Finai		\$5.00 May Be	į war	e Chec	k Payable	to	
**	FILE NOW	: FEE IS \$61.25	4	Contribution.	ncing	\$5.00 May Be Added to Fees			rtment of S		{
* ,			Trust Fund	Contribution.		Added to Fees	Florid	a Depa	rtment of S	State	
10.		OFFICERS AND DIR	Trust Fund	Contribution.			Florid	a Depa	rtment of S	10	5
10. TITLE NAME	D DALEY, EI	OFFICERS AND DIR	Trust Fund	11.		Added to Fees	Florid	a Depa	rtment of S	State	4000)
10. TITLE NAME STREET ADDRESS	D DALEY, EI	OFFICERS AND DIF	Trust Fund	11. TITLE NAME STREET A	DDRESS	Added to Fees	Florid	a Depa	rtment of S	10	07 (40/00)
10. TITLE NAME	DALEY, EI 7471 NW	OFFICERS AND DIF	Trust Fund	TITLE NAME STREET AL CITY-ST-	DDRESS	Added to Fees	Florid	a Depa	IRECTORS IN	10 Addition	25027 (40/00)
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D DALEY, EI 7471 NW SUNRISE I	OFFICERS AND DIR ON. 21 ST FL 33313	Trust Fund	11. TITLE NAME STREET AL CITY-ST- TITLE	DDRESS	Added to Fees	Florid	a Depa	rtment of S	10	CD2C027 (40,00)
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D DALEY, EI 7471 NW SUNRISE I D JACKSON,	OFFICERS AND DIR ON 21 ST FL 33313 JERMAINE	Trust Fund	TITLE NAME STREET AL CITY-ST-	DDDRESS ZIP	Added to Fees	Florid	a Depa	IRECTORS IN	10 Addition	CD2E037 (40/00)
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D DALEY, EIGHT TATT NW SUNRISE ID JACKSON, 1201 NW STATE TO THE TATE TO THE TA	OFFICERS AND DIR ON 21 ST FL 33313 JERMAINE	Trust Fund	TITLE NAME NAME NAME NAME	DDRESS ZIP	Added to Fees	Florid	a Depa	IRECTORS IN	10 Addition	CD05007 (40/00)
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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIMMATOME REQUIRED

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