

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

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90113 003 ****61.25

DOCUMENT # N43545

1. Entity Name
INTELLIGENTSIA INTERNATIONAL, INC.



Principal Place of Business

**6017 NW 27TH TERR
GAINESVILLE FL 32606**

Mailing Address

**P.O. BOX 1577
LABELLE FL 33975**

11010030



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3067313**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAPECE, JOHN C.
18 MARINA DRIVE
PORT LABELLE VILLAS
LABELLE FL 33935**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CAPECE, JOHN C.**
STREET ADDRESS **18 MARINA DRIVE**
CITY-ST-ZIP **LABELLE FL 33935**

TITLE **D** ☐ Delete
NAME **GLOVER, CAROLE**
STREET ADDRESS **837 WALKER RD.**
CITY-ST-ZIP **GREAT FALLS VA**

TITLE **D** ☐ Delete
NAME **SOLAREV, ILYA**
STREET ADDRESS **7 WORLD TRADE CENTER**
CITY-ST-ZIP **NEW YORK NY 10048-2627**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME **MEULLI, MICHELA L**
STREET ADDRESS **2729 COLONIAL BLVD, #108**
CITY-ST-ZIP **FORT MYERS, FL, 33907**

TITLE ☐ Change ☒ Addition
NAME **MEULLI, MICHELA L**
STREET ADDRESS **2729 COLONIAL BLVD, #108**
CITY-ST-ZIP **FORT MYERS, FL, 33907**

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

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

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:

SIGNATURE REQUIRED

4/22/03 863-674-5727

CR2E037 (10/02)