

2000 UNIFORM BUSINESS REPORT (UBR)

4/5

DOCUMENT # N97000005109

1. Entity Name

INTERCULTURE FOUNDATION OF AMERICA, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

04-05-2000 90101 020 ****61.25

Principal Place of Business		Mailing Address	
499 E. SHERIDAN ST #205 DANIA FL 33004 US		499 E. SHERIDAN ST #205 DANIA FL 33004-4606 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0789536	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SANTOS, MAURO C 25 SE 2ND AVENUE SUITE 1235 MIAMI FL 33131		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
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FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP HAIDACHER, HANS 901 S SURF RD #402 HOLLYWOOD FL 33019	TITLE	Dr. Lee Kjelson 631 Tibidabo Avenue Coral Gables, FL 33143
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DS COHEN, JACOB 857 NW 81ST WAY PLANTATION FL 33324	TITLE	Mr. Jack Latona 315 S.E. 7th St. # 301 Ft. Lauderdale, FL 33301
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DT HUEBL, STEFAN 1407 FUNSTON RD HOLLYWOOD FL 33020	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D TITSCH, GUENTER AM WEINGARTEN 3 D35412 POHHEIM GERMANY	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D HORVATH, PIROSKA AM WEINGARTEN 3 D35412 POHHEIM GERMANY	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)