

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90317 024 ***150.00

DOCUMENT # P00000013752

1. Entity Name
INTERTUR U.S.A., CORPORATION

Principal Place of Business
1221 BRICKELL AVENUE, #1070
MIAMI FL 33131

Mailing Address
555 NE 34 ST #1805
MIAMI FL 33137



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7085 N.W. 3RD AVE
 Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 0925
 Suite, Apt. #, etc.

City & State
BOCA RATON, FL
 Zip
33487 Country
USA

City & State
BOCA RATON FL
 Zip
33429 Country
USA

4. FEI Number
65-0997453

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

REY-KELLY, PATRICIA
555 N.E. 34TH STREET, SUITE 1805
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name
PATRICIA, REYKELLY
 Street Address (P.O. Box Number is Not Acceptable)
7085 N.W. 3RD AVE
 City
BOCA RATON FL Zip Code
33487

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 *Patricia Rey Kelly*
 Signature typed or printed name of registered agent and title if applicable.

APR 20 2002
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REY-KELLY, PATRICIA 555 N.E. 34TH STREET, SUITE 1805 MIAMI FL 33137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REY-KELLY, PATRICIA 7085 N.W. 3RD AVE BOCA RATON FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

APRIL -20-02- 241-3531
 Date Daytime Phone #

CR2E034 (9/01)