

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000023128

1. Entity Name
INTELLIGENT BUILDINGS CORPORATION

Principal Place of Business
1561 SW 187 AVE.
PEMBROKE PINES FL 33029

Mailing Address
1561 SW 187 AVE.
PEMBROKE PINES FL 33029

2. Principal Place of Business
12101 NW 98th AVENUE
Suite, Apt. #, etc.
Suite 6

3. Mailing Address
1561 SW 187 AVENUE
Suite, Apt. #, etc.

City & State
Hialeah, Florida
Zip 33018 Country USA

City & State
Pembroke Pines, FL
Zip 33029 Country USA

4. FEI Number 65-0996458

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROJAS, FERNANDO
1561 SW 187 AVE.
PEMBROKE PINES FL 33029

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.

SIGNATURE [Signature] 1/6/2002 Fernando Rojas, V.P. 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	P ROJAS, MONICA S 1561 SOUTHWEST 187TH AVENUE PEMBROKE PINES FL 33029	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROJAS, FERNANDO A 1561 SOUTHWEST 187TH AVENUE PEMBROKE PINES FL 33029	<input type="checkbox"/> Delete
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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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 address, with all other like empowered.

SIGNATURE: [Signature] Fernando Rojas, V.P. 1/6/2002 305-4393716

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90038 013 ***150.00



DO NOT WRITE IN THIS SPACE

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