2002 UNIFORM BUSINESS REPORT (UBR)

Mar 26, 2002 8:00 am Secretary of State P00000032385 **DOCUMENT #** 1. Entity Name INTEL GROUP-USA INC. Principal Place of Business Mailing Address 3876 S.W. 112TH AVENUE 3876 S.W. 112TH AVENUE #318 #318 MIAMI FL 33165 MIAM! FL 33165 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0997672 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LOPEZ, RONALD Street Address (P.O. Box Number is Not Acceptable) 470 WEST PARK DRIVE SUITE 204 **MIAMI FL 33172** 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **X** Addition VΤD ☐ Change PTSD TITLE TITLE ☐ Delete LOPEZ, RONALD LOPEZ, RONALD NAME NAME 3876 SW 112th AVENUE #318 3876 SW 112TH AVENUE #318 STREET ADDRESS STREET ADDRESS MIAMI, FL 33165 MIAMI FL 33165 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change VTD TITLE Delete TITLE LOPEZ, RONALD NAME NAME 470 WEST APRK DRIVE SUITE 204 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172-☐ Change ☐ Addition Delete. TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 the secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

01/12/02

Daytime Phone #

dress, with all other like empowered.

ANTURE PRONALDREDEZ

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment wit

SIGNATURE: