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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 06, 2001 8:00 am
Secretary of State
05-23-2001 90226 038 ***150.00

DOCUMENT # P00000036495

1. Entity Name

INTERAMERICAN MULTISERVICES INC.
4725 Emerald Forest Way 1907- ORLANDO FLA. 3281

Principal Place of Business | Mailing Address

4600 HOLLY BRANCH DR. SAME
SUITE 908
ORLANDO FLA. 32811-7117

75665

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 4600 Holly Branch Dr.
Suite, Apt. #, etc.: SUITE 908
City & State: ORLANDO FLA 32811
Zip: 32811 Country: USA

3. Mailing Address: SAME
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 59-3637364 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALEXIS MANUEL OSPITIA
4600 HOLLY BRANCH DR.
SUITE 908
ORLANDO FLA., 32811

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT. ALEXIS M. OSPITIA. 4600 HOLLY BRANCH DR. 908 ORLANDO FLA.3281 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANUEL J. OSPITIA. (VICEP.) 4600 HOLLY BRANCH DR. 908 ORLANDO FLA. 32811 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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] 6-30-01 407-2467337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #