

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90136 025 ***150.00

DOCUMENT # P00000052393

1. Entity Name

Intermoda, Inc.

Principal Place of Business	Mailing Address
777 N.W. 72nd Ave. Suite 2K8 Miami, FL 33126	777 N.W. 72nd Ave. Miami, FL 331

2. Principal Place of Business	3. Mailing Address
888 Brickell Key Dr.	888 Brickell Key Dr.

Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 1808	Suite 1808

City & State	City & State
Miami, FL	Miami, FL

Zip	Country	Zip	Country
33131-2668	U.S.A.	33131-2668	U.S.A.

4. FEI Number	Applied For
65-1059166	Not Applicable

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

DO NOT WRITE IN THIS SPACE

A0047176

6. Name and Address of Current Registered Agent

Villareal, Jorge A.
 777 N.W. 72nd Ave., Suite 2K8
 Miami, FL 33126

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
888 Brickell Key Dr., Suite 1808
City
Miami FL
Zip Code
33131-2668

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

TITLE	D/P	<input type="checkbox"/> Delete
NAME	Lara, Alvaro	
STREET ADDRESS	888 Brickell Key Dr., Suite 1808	
CITY - ST - ZIP	Miami, FL 33131-2668	

TITLE	D/S/T	<input type="checkbox"/> Delete
NAME	Villareal, Jorge A.	
STREET ADDRESS	888 Brickell Key Dr., Suite 1808	
CITY - ST - ZIP	Miami, FL 33131-2668	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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

Date

Daytime Phone #

Alvaro Lara

04/04/01 86-388-1444