

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90276 043 ***150.00

DOCUMENT # P00000052796

1. Entity Name

INTERTUR OF HOLLYWOOD, INC.



Principal Place of Business

1749 E HALLANDALE BEACH BLVD. #272
HALLANDALE FL 33009

Mailing Address

1749 E HALLANDALE BEACH BLVD. #272
HALLANDALE FL 33009

11010600



2. Principal Place of Business

1835 E. HALLANDALE BCH BLVD

3. Mailing Address

1835 E. HALLANDALE BCH BLVD

Suite, Apt. #, etc.

+ 272

Suite, Apt. #, etc.

+ 272

☒ CHECK HERE IF MAKING CHANGES

City & State

HALLANDALE, FL

City & State

HALLANDALE, FL

4. FEI Number

65-1012295

Applied For

Not Applicable

Zip

33009

Country

USA

Zip

33009

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

NIETO, SERGIO E

1749 E HALLANDALE BEACH BLVD, #272

HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name

NIETO SERGIO

Street Address (P.O. Box Number is Not Acceptable)

1835 E. HALLANDALE BCH BLVD + 272

City

HALLANDALE

FL

Zip Code

33009

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	NIETO, SERGIO E	
STREET ADDRESS	1749 E HALLANDALE BEACH BLVD, #272	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/07 3054447124

Date Daytime Phone #

CR2E034 (10/02)