

2001 UNIFORM BUSINESS REPORT (UBR)

2/2

FILED
Mar 29, 2001 8:00 am
Secretary of State

02-28-2001 90095 014 ***150.00

DOCUMENT # P00000056549

1. Entity Name

INTERSPEC TESTING, INC.

Principal Place of Business

1313 PONCE DE LEON BLVD., #300
CORAL GABLES FL 33134

Mailing Address

1313 PONCE DE LEON BLVD., #300
CORAL GABLES FL 33134

2. Principal Place of Business

91200 Overseas Hwy
 Suite, Apt. #, etc.
#17

3. Mailing Address

91200 Overseas Hwy
 Suite, Apt. #, etc.
#17

City & State

Tavernier, FLA

City & State

Tavernier, FLA

Zip

33070

Country

MOBROE

Zip

33070

Country

MOBROE

4. FEI Number

65-1014273

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COIMBRA, ENEIAS
1313 PONCE DE LEON BLVD., #300
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **ENAS COIMBRA**

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

91200 Overseas Hwy #17

City

Tavernier, FLA - FL

Zip Code

33070

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]

(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	President	<input type="checkbox"/> Delete
NAME	ENEIAS COIMBRA	
STREET ADDRESS	91200 Overseas Hwy.	
CITY-ST-ZIP	#17 / TAVERNIER, FL. 33070	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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STREET ADDRESS		
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)