

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State
 04-28-2001 90023 009 ***150.00

DOCUMENT # P00000061022

1. Entity Name
INTERTEIRA DEVELOPMENT GROUP INC.

Principal Place of Business

3899 N.W. 7TH STREET
 SUITE 202-B
 MIAMI FL 33126

Mailing Address

3899 N.W. 7TH STREET
 SUITE 202-B
 MIAMI FL 33126

2. Principal Place of Business

3899 N.W. 7 street

Suite, Apt. #, etc.

202

City & State
 Miami, Florida

Zip
 33126

Country

DADC

3. Mailing Address

3899 N.W. 7 street

Suite, Apt. #, etc.

202

City & State
 Miami, Florida

Zip
 33126

Country

DADC



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1024586

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

HERNANDEZ, ARMANDO J
 13820 S.W. 41ST TERRACE
 MIAMI FL 33175

7. Name and Address of New Registered Agent

Name

Armando J. Hernandez

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

3899 NW 7 Street

Suite 202

City

Miami

FL

Zip Code

33126

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 fee applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

April 18, 2001

**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	PD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, ARMANDO J	
STREET ADDRESS	3899 N.W. 7TH STREET	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ, MARTHA	
STREET ADDRESS	3899 N.W. 7TH STREET	
CITY-ST-ZIP	MIAMI FL 33126	
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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alejandro J. Hernandez	
STREET ADDRESS	3899 NW 7 Street Suite 202	
CITY-ST-ZIP	MIAMI, FLORIDA 33126	
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		
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		

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

April 18, 2001 - (305) 357-3333
 Date Daytime Phone #

CR2E034 (10/00)