

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90033 003 \*\*\*150.00

**DOCUMENT # P00000070565**

1. Entity Name  
**INTERLACEN GROUP INC.**

Principal Place of Business      Mailing Address  
 2450 HOLLYWOOD BLVD., #405      2450 HOLLYWOOD BLVD., #405  
 HOLLYWOOD FL 33020                  HOLLYWOOD FL 33020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
*Same as above*

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

City & State      City & State

4. FEI Number      Applied For  
**65-1024468**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GIARDELLO, MADELINE**  
 2450 HOLLYWOOD BLVD., #405  
 HOLLYWOOD FL 33020

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	<i>President</i> <b>JOHN ZAROGA</b> <i>PMB 256</i> <b>56 50.33RD AVE</b> <b>ST. CLOUD, MN. 56301</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VICE President</i> <b>PIYA CHAROENPAO</b> <i>960 N.W. 156 AVE.</i> <b>PEMBROKE PINES, FL 33028</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SEC. TREASURER</i> <b>MADELINE SAYOC</b> <i>18151 NE 31ST CT. # 2016</i> <b>AVENTURA, FL 33160</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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: *Madelaine Sayoc*      Date: **4/16/01**      Daytime Phone #: **954-929-1171**

CR2E034 (10/00)