

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90035 033 ***150.00

0153000

DOCUMENT # P00000086163

1. Entity Name
INTERNEG CORP.

Principal Place of Business
**200 SOUTH BISCAYNE BLVD.
 SUITE 4600
 MIAMI FL 33131**

Mailing Address
**200 SOUTH BISCAYNE BLVD.
 SUITE 4600
 MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc. **Suite 5120**
200 South Biscayne Blvd

3. Mailing Address
 Suite, Apt. #, etc. **Suite 5120**
200 South Biscayne Blvd

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-1045660

Applied For
 Not Applicable

Zip
33131-2310

Country
USA

Zip
33131-2310

Country
USA

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

**SIROTA, GEORGE G
 200 SOUTH BISCAYNE BLVD.
 SUITE 4600
 MIAMI FL 33131**

Name
Sirota, George G
 Street Address (P.O. Box Number is Not Acceptable)
200 South Biscayne Blvd.
Suite 5120
 City
Miami, FL

FL Zip Code
33131-2310

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

GEORGE SIROTA, R.A. **4/25/01**
(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	D SANTA MARTHA PIQUET, LUIZ MARIA DE 200 SOUTH BISCAYNE BLVD. #4600 MIAMI FL 33131	<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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Santa Martha Piquet, Luiz Maria de 200 South Biscayne Blvd # 5120 MIAMI, FL 33131-2310	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/01
Date

305-393-1995
Daytime Phone #

CR2E034 (10/00)