

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90012 028 ***150.00

0338231 AV

DOCUMENT # P00000093684

1. Entity Name
INTER-AMERICAN SECURITIES, INC.

Principal Place of Business
2506 EAGLE WATCH LANE
WESTON FL 33327

Mailing Address
2506 EAGLE WATCH LANE
WESTON FL 33327



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2700 GLADES CIRCLE
 Suite, Apt. #, etc.
Suite 115
 City & State
WESTON
 Zip
33327
 Country
FL

3. Mailing Address
2700 GLADES CIRCLE
 Suite, Apt. #, etc.
Suite 115
 City & State
WESTON
 Zip
33327
 Country
FL

4. FEI Number **65-1057410**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ALTSCHUL, JOSEPH E
2700 S COMMERCE PKWY STE 305
WESTON FL 33331

7. Name and Address of New Registered Agent

Name **John J. Foley, Jr.**
Street Address (P.O. Box Number is Not Acceptable)
863 NANDINA DRIVE
City **WESTON** **FL** **Zip Code** **33327**

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 *John J. Foley, Jr.* **John J. Foley, Jr.**
 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	C FOLEY, JOHN J SR 569 ST GEORGE ROAD DANVILLE CA 94526 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOLEY, JOHN J JR 2506 EAGLE WATCH LANE WESTON FL 33327 <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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: *John J. Foley, Jr.* **John J. Foley, Jr.** **2/28/02** **(954) 349-2643**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)