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2001 UNIFORM BUSINESS REPORT (UBR) P00000094634

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KLUGER, PERETZ

FILED		
May 21, 2001 8:00 am		
Secretary of State		

05-21-2001 90374 045 \*\*\*150.00

INTEC, INC. rincipal Place of Business 5255 NW 159 STREET 5255 NW 159 STREET MIAMI, FL 33014 --- MIAMI, FL 33014 ATTN: TOM KRUSZEWSKI 00055855 . Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Numbe Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MIAMI CENTER REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 201 SOUTH BISCAYNE BLVD 17th FLOOR MIAMI CENTER MIAMI, FL 33131 City Zip Code i. 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 Segnature, typed or remited name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS IIIE Dolete 6115 IACOVELLI, MARC 5255 NW 159 STREET MAME MAME STREET ADDRESS STREET ADDRESS HTY-ST-ZIP CITY-S1-ZIP MIAMI, FL 33014 Addition TELE Defete THILE Change KRUSZEWSKI, TOM 5255 NW 159 STREET JAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STY-SI-ZIP MIAMI FL 33014 TILE Delete TITLE Change Addition IAME NAME STREET ADDRESS STREET ADDRESS ST-72-YTK CITY-ST-ZIP TLE Delete TITLE Change ☐ Addition NAME FREET ADDRESS STREET ADDRESS DITY-SI-ZIP CITY-ST-ZIP THE Change Delete TITLE Addition ! JAME STREET ADDRESS STREET ADDRESS SITY-ST-ZIP CI\$ 1'-S1 - ZIF TILE Delete TITLE Change 🖂 Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

The exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information my signature shall have the same legal effect as if made under oath; that I am an officer or direct; as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12.

SIGNATURE:

MARC TACOVELLI