

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000094634	
1. Entity Name INTEC, INC.	

Principal Place of Business 5255 NW 159TH STREET MIAMI, FL 33014	Mailing Address 5255 NW 159TH STREET ATTN: TOM KRUSZEWSKI MIAMI, FL 33014
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DO NOT WRITE IN THIS SPACE



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1045248	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MIAMI CENTER REGISTERED AGENTS, INC. 201 SOUTH BISCAYNE BLVD 17TH FLOOR MIAMI CENTER MIAMI, FL 33131	DO NOT WRITE IN THIS SPACE
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. I am familiar with, and accept the obligations of registered agent.	

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000074063 03/03/04-80002-025 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPS IACOVELLI, MARC 5255 NW 159TH STREET MIAMI, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KRUSZEWSKI, TOM 5255 NW 159TH STREET MIAMI, FL 33014
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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>TOM KRUSZEWSKI</u>	2/23/04	(305) 908-5355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #