

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0277951  
AV

DOCUMENT # P00000110007



1. Entity Name  
INTERGEO, CORP.

FILED

03 MAR 12 PM 3: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
11080 SW 25TH ST.  
MIAMI FL 33165

Mailing Address  
11080 SW 25TH ST.  
MIAMI FL 33165



2. Principal Place of Business

3. Mailing Address

10910 SW 25th

10910 SW 25th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

03

City & State  
Miami - FL 33165

City & State  
Miami - FL

4. FEI Number 65-1074744

Applied For  
Not Applicable

Zip Country  
33165 USA

Zip Country  
33165 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

MAZZA-MARTINEZ, TANIA A  
782 NW 42ND AVE., SUITE 638  
MIAMI FL 33126

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME BAIO, OSVALDO A  
STREET ADDRESS 11080 SW 25TH ST.  
CITY-ST-ZIP MIAMI FL 33165 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
500014802965  
03/29/03--01028--004 \*\*150.00

TITLE D  
NAME BAIO, MARIELA A  
STREET ADDRESS 11080 SW 25TH ST.  
CITY-ST-ZIP MIAMI FL 33165 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 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

03-11-03

306 553 6101

Date

Daytime Phone #

CR2E034 (10/02)