

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 25, 2001 8:00 am  
Secretary of State

05-25-2001 90294 022 \*\*\*550.00

DOCUMENT # P00000115539

1. Entity Name: **INTRECA, CORP.**

Principal Place of Business  
**11011 SW 88 ST  
# F203  
MIAMI, FL 33176**

Mailing Address  
**SAME AS principal  
place of business**

60070429

2. Principal Place of Business  
**11011 SW 88 ST**

3. Mailing Address  
**11011 SW 88 ST**

Suite, Apt. #, etc.  
**# F203**

Suite, Apt. #, etc.  
**# F203**

DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

4. FEI Number  
**65-1083092**

Applied For  
Not Applicable

Zip  
**33176**

Country  
**U.S.**

Zip  
**33176**

Country  
**U.S.**

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

## 6. Name and Address of Current Registered Agent

**Mrs. TANIA A. MAZZA - MARTINEZ  
782 NW 42 Ave.  
SUITE # 638  
MIAMI, FL 33126**

## 7. Name and Address of New Registered Agent

Name **Orlando Pedroza**  
Street Address (P.O. Box Number is Not Acceptable)  
**11011 SW 88 ST # F203**  
City **Miami, FL** Zip Code **33176**

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 **Orlando Pedroza**

**5/22/01**

(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, 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. President OFFICERS AND DIRECTORS

TITLE **President** ☐ Delete  
NAME **ELEAZAR PEDROZA**  
STREET ADDRESS **CALLE RIVAS CATIE BOLIVARY**  
CITY-ST-ZIP **SAN JUAN # 43-102, CAGUA EDO**  
**Aragua, Venezuela / President**

TITLE **Orlando Pedroza** ☐ Delete  
NAME **SAME AS ABOVE - Director**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition  
NAME **ELEAZAR PEDROZA**  
STREET ADDRESS **11011 SW 88 ST. # F203**  
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **Director / Gen. Manager** ☒ Change ☐ Addition  
NAME **ORLANDO PEDROZA**  
STREET ADDRESS **11011 SW 88 ST # F203**  
CITY-ST-ZIP **MIAMI, FL 33176**

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

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

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

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

CR2E034 (11/00)

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 the 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: **Orlando Pedroza**

**ORLANDO PEDROZA**

**5/22/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #