

FILED
May 30, 2002 8:00 am
Secretary of State

04-21-2002 90846 034 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000007222

1. Entity Name
INTERTEK PROPERTIES, INC.

Principal Place of Business **401 SE. 11 AVE**
~~6416 NW 5TH WAY~~ **HI ALEAH, FL**
~~FT LAUDERDALE FL 33309~~ **33010**

Mailing Address **401 SE. 11 AVE**
~~6416 NW 5TH WAY~~ **HI ALEAH, FL**
~~FT LAUDERDALE FL 33309~~ **33010**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 22-3782230		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country	Name			

GOLDSTEIN, RICHARD ESQ 2400 W. CYPRESS CREEK RD., #100 FT. LAUDERDALE FL 33309				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:

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ESKANDRY, EZRA DAVID			NAME			
STREET ADDRESS	1925 BRICKELL AVE, APT D-901		401 SE. 11 AVE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33129		HI ALEAH, FL 33010	CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARAN, KAHAVA			NAME			
STREET ADDRESS	1925 BRICKELL AVE, APT D-901		401 SE. 11 AVE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33129		HI ALEAH, FL 33010	CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

CR2E034 (9/01)

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 employees.

SIGNATURE: **4/11/02 954 72 2700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #