

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90355 017 ***150.00

DOCUMENT # P01000032833

1. Entity Name

INTECODE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4801 S. UNIVERSITY DR.

3. Mailing Address

SAME

Suite, Apt. #, etc.

3000

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DAVIE, FL

City & State

4. FEI Number

65-1091471

Applied For

Not Applicable

Zip

33328

Country

USA

Zip

Country

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

7. Name and Address of Current Registered Agent

Name

JOHN A. CONIGLIO

Street Address (P.O. Box Number is Not Acceptable)

4801 S. UNIVERSITY DRIVE

SUTE 3000

City

DAVIE

FL

Zip Code

33328

**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.

SIGNATURE

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE	PD
NAME	GABRIEL GIL VILLANUEVA
STREET ADDRESS	CALLE 10 NO. 20-45
CITY - ST - ZIP	SANTAFE DE BOGOTA CARRERA 44 132-10 OC
TITLE	VP, S, T, D
NAME	ABELARDO OTERO
STREET ADDRESS	1921 NW 190 AVE
CITY - ST - ZIP	PEMBROKE PINES, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] *PRASANTH*

Date

Daytime Phone #

CR2E034B (12/01)