

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

DOCUMENT # *PO1000038497*

1. Entity Name

INTERAVIA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1181 S. ROGERS CIRCLE

Suite, Apt. #, etc.
UNIT # 12

City & State
BOCA RATON FL

Zip
33487

Country
Country

3. Mailing Address
1181 S. ROGERS CIRCLE

Suite, Apt. #, etc.
UNIT # 12

City & State
BOCA RATON FL

Zip
33487

Country
Country

4. FEIN Number
65-0781828

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

Applied For
Not Applicable

7. Name and Address of Current Registered Agent

Name
SCOTT BAKER

Street Address P.O. Box and/or Suite Number (Acceptable)
4268 WORKER DR

City
LAKE WORTH FL *33467*

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
NAME
STREET ADDRESS
CITY-ST-ZIP
*SCOTT BAKER - PRESIDENT
4268 WORKER DR
LAKE WORTH FL 33467*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*KOSTA MILOSAVJEVIC - VICE PRESIDENT
9876 MAJORCA PL
BOCA RATON FL 33434*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*MARIANA OPREA - TREASURER
746 ST. ALBANS DR.
BOCA RATON FL 33486*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Milosavjevic Kosta*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/02 561-241-3601

Date Daytime Phone #

CR2E034B (1/2001)