

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91612 036 ***150.00

DOCUMENT # **P01000038497**

1. Entity Name

INTERAVIA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1181 S. ROGERS CIRCLE

3. Mailing Address
1181 S. ROGERS CIRCLE

Suite, Apt. #, etc.
UNIT # 12

Suite, Apt. #, etc.
UNIT # 12

DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON FL

City & State
BOCA RATON FL

4. FE Number
65-0781828

Applied For
Not Applicable

Zip
33487

Country

Zip
33487

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SCOTT BAKER

Street Address
4268 WOKER DR

City
LAKE WORTH

FL

Zip
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 WOKER DR
LAKE WORTH FL 33467**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

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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)(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: **Milosaavljevic Kosta**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/02

Date

561-241-3601

Daytime Phone #

CR2E034B (12/01)