FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90141 007 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000054018

1. Entity Name
intel investment Realty, inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1250 E. Hollandale Beach Blvd	1250 E. Hollandale Beach Bl
Suite, Apt. #, etc. Suite 600	Suite, Apt. #, etc. Suite 600
City & State Hollandale, FL	City & State Hallandale, FL
Zip 33009 Country USA	Zip 33009 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65 1110469 ☐ Applied For ☐ Not Applicable

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 Vera Potemkina
Street Address (P.O. Box Number is Not Acceptable) 1250 E. Hollandale Beach Blvd
Suite 600
City Hollandale **FL** Zip Code 33009

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	P	TITLE	
NAME	Vera Potemkina	NAME	
STREET ADDRESS	3001 S. Ocean Dr, #12W	STREET ADDRESS	
CITY-ST-ZIP	Hollywood, FL, 33019	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: V Pote Vera Potemkina 04.24.02 (954)629-0292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #