FILED
May 30, 2002 8:00 am
Secretary of State
05-08-2002 90141 026 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000054207

1. Entity Name

Inter Investments, Inc.

DO NOT WRITE IN THIS SPACE

90149

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2. Principal Place of Business	3. Mailing Address
843 6TH ST	843 6TH ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Orange FL	City & State: Port Orange FL
Zip: 32129 Country: U.S.A.	Zip: 32129 Country: U.S.A.

4. FEI Number: 59-3726465 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name

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 _____
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	PRESIDENT
NAME	SALVATORE INTERDONATO
STREET ADDRESS	843 6TH ST.
CITY-ST-ZIP	PO. FL 32129
TITLE	V.P S T
NAME	MARY INTERDONATO
STREET ADDRESS	843 6TH ST.
CITY-ST-ZIP	PO FL 32129
TITLE	
NAME	
STREET ADDRESS	
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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: Salvatore Interdonato PRES. DENT 4/26/02 386-322-0673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #