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* 1**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**
Apr 04, 2002 8:00 am
Secretary of State

01-24-2002 90238 001 ***150.00

01-24-2002 90238 002 *****8.75

DOCUMENT # P01000054411

1. Entity Name

INTERMARKETING, INC

Principal Place of Business

**261 N.E. 1ST STREET
MIAMI FL 33132**

Mailing Address

**261 N.E. 1ST STREET
MIAMI FL 33132**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-1109377

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MACDANIEL, JOHN M. ESQ.
ONE BISCAYNE TOWER SUITE 2975
TWO SOUTH BISCAYNE BLVD.
MIAMI FL 33131-W**

7. Name and Address of New Registered Agent

Name

ANA P. MANTINI

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

261 N.E. 1ST STREET

City

Miami**FL**

Zip Code

33132

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) ☒**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	ANA P. MANTINI	261 N.E. 1ST STREET			
	P/SID	ANA P. MANTINI		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	261 N.E. 1ST STREET	MIAMI FL 33132			
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ana Paula O. Mantini 01-11-02 (305) 537 5500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)