## **2002 UNIFORM BUSINESS REPORT (UBR)**

P01000078421

**DOCUMENT#** 

INTER-LINES INC

2550 NW 72ND AVENUE

Suite, Apt. #, etc. -

City & State

Zip

**STE 108** MIAMI FL 33122

SIGNATURE

11.

(See criteria on back)

1. Entity Name

**STE 108** MIAMI FL 33122

## FILED

Aug 19, 2002 8:00 am Secretary of State

07-18-2002 90130 033 \*\*\*150.00

Principal Place of Business Mailing Address 2550 NW 72ND AVENUE 98372 **STE 108** MIAMI FL 33122 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name-: MONSALVE, GERMAN Street Address (P.O. Box Number is Not Acceptable) 2550 NW 72ND AVENUE City Zip Code 8. The above armed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONSALVE, GERMAN 2550 NW 72ND AVENUE SUITE 108 MIAMI FL 33122	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition S
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TEJERA, CANDIDO 2550 NW 72ND AVENUE SUITE 108 MIAMI FL 33122	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition C
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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 exports 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 outsidese 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 life empowered.

SIGNATURE:

Attackhest P01000018421

TO: FLORIDA DEPT. OF STATE ATT: WHOM IT MAY CONCERN FROM CANDIDO TEJERA

WE ARE SENDING THIS LETTER TO INFORM YOU THAT WE HAVE JUST RECENTLY RECIEVED THE UBR ON 7/5/02 AND ACCORDING TO YOUR REGULATIONS THE 150 .00 WAS SUPPOSED TO BE PAID IN MAY BUT WE HAD NO FORMS TO DO SO WE ARE PRESENTLY SENDING-150.00 I HOPE-THAT WE WILL NOT BE MADE-TO-PAY THE PENALTY:

WE HOPE THAT YOU REALISE THIS WAS NOT OUR FAULT AND PLEASE UNDERSTAND WHY PAYMENT IS LATE

THANK YOU

CANDIDO TEJERA