FILED
May 22, 2003 8:00 am
Secretary of State
04-21-2003 91220 031 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

55643143

DOCUMENT # P01000078875

1. Entity Name

INTITECH, CORP.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
17664 SW 32 ST.	17664 SW 32 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIRAMAR, FL	City & State: MIRAMAR, FL
Zip: 33029 Country: USA	Zip: 33029 Country: USA

4. FEI Number 65-1135896 ☐ 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: FRANCISCO CARDENAS

Street Address (P.O. Box Number is Not Acceptable): 17664 SW 32 ST

City: MIRAMAR FL Zip Code: 33029

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 04/16/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
P/D/M Cardenas, Francisco J. 17664 SW 32 ST, Miramar, FL 33029	
V/D/M Jafri, Adnan 17664 SW 32ST, Miramar, FL 33029	
	DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 04/16/2003 (305) 778 1668
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #