

FILED
May 22, 2003 8:00 am
Secretary of State

04-21-2003 91220 031 ***150.00

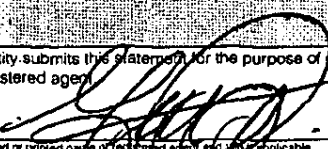
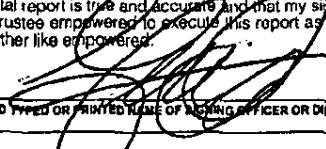
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

4/

55043143



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000078875 1. Entity Name INTITECH, CORP.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 17664 SW 32 ST. Suite, Apt. #, etc.		3. Mailing Address 17664 SW 32 ST. Suite, Apt. #, etc.	
City & State MIRAMAR, FL Zip 33029 Country USA		City & State MIRAMAR, FL Zip 33029 Country USA	
4. FEI Number 65-1135896		Applied For ☐ \$8.75 Additional Fee Required	
5. Certificate of Status Desired ☐		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  DATE 04/16/03 Signature, typed or printed name of registered agent if not applicable. (NOTE: Registered Agent signature required when reinstating)			
January 1 - May 15 Fee \$15.00 After May 15 Fee \$25.00 Amended UBR \$6.25 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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D/M Jafri, Adnan 17664 SW 32 ST, Miramar, FL 33029	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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:  DATE 04/16/2003 Daytime Phone # (305) 778 1668 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034B (12/02)