## FILED Apr 23, 2003 8:00 am Secretary of State

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0100096093  1. Entity Name ITEA CORPORATION					04-23-2003 90075 024 ***150.00	
Principal Place of Business 3337 NE 32ND STREET FORT LAUDERDALE FL 33308		Mailing Address 3337 NE 32ND STREET FORT LAUDERDALE FL 33308			11007778	<b>1</b> 1
2. Principal F	Place of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CL CHECK HERE IS MAKING OF ANGLE	
City & Stat	(g -	City & State			CHECK HERE IF MAKING CHANGES  -4FEI Number — Applied For	
					65-1153292 Not Applical	ole
Zip Country		Zip			5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		N	7. Name and Address of New Registered Agent	_
VEE 41 40	AL ETV			Name		ļ
KEFALAS, ALEX 3337 NE 32ND STREET				Street Address (P.O. Box Number is Not Acceptable)		
	JUDERDALE FL 33308					_
TORT DA	SPERIDALL I'L WOOD			City	FL Zip Code	_
8. The above	named entity submits this statement f	or the purpose of changing it	s registere	l ed office or register	ed agent, or both, in the State of Florida. I am familiar with, and acce	pt
the obligat	tions of registered agent.	/ ب			4	
SIGNATURE	Signature, typed or printed name of registered agent	uely 100	TC: Da lintosa		4-18-03	
		ало вае и аррисацие. (NO	TC: negistore	d Agent signature required	witer (etristelling) DATE	$\dashv$
Afte	TLE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State			9. Election Campaign Financing \$5.00 May Br Trust Fund Contribution. Added to Fees	Э
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	$\dashv$
TITLE	PSTD	☐ Delete	TITLE	: .	☐ Change ☐ Addit	ion (S)
NAME	KEFALAS, ALEX		NAM	- L		(10/
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12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

PEQUIPED

4-18-03

Daytime Phone #