2002 UNIFORM BUSINESS REPORT (UBR)								
OCUMENT#	P01000100071	·	7					

	JMENT # PO100	0100071								
INTERMODAL PROTECTIVE GROUP, INC.					FILED					
Principal Pla	ace of Business	Mailing Address	<del></del>		10	02 OCT 15 \P	M 2: 03			
1415 ALGER		1415 ALGERIA AVENUE		0	JH	aramin transcer	en en waard de pro-			
	BLES FL 33134	CORAL GABLES FL 3313	34		T.	seggetary 0 Allahassee.	FLORID/	4		
2 Principal	Place of Business	1 2								
2. Principal Place of Business 6405 NW 36 STREET 3. Mail		3. Mailing Address 6405 NW	Mailing Address 6405 NW 36 STREET				7			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			LENGO!		SSACC	<u> </u>		
City & State 16 17 MJAMI FL		City & State MIAMI FL		4. FEI Number	143839	<del></del>	applied For			
Zip 3316	Country	Zip 33166	Country		5. Certificate of Sta		\$8.75 Ad	lot Applicable		
	6. Name and Address of Current F		<u>USA</u>	<u></u> .		ess of New Registere	Fee Require			
QUINONI	ES, EDUARDO		Name	AN		AREZ JR				
1415 ALGERIA AVENUE			Street /	Street Address (P.O. Box Number is Not Acceptable) 6405 NW 36 STREET						
CORAL GABLES FL 33134					Suite 221	_				
	City					Zip Code				
8. The above the obliga	e named entity submits this statement for tions of registered agent.					ne State of Florida. I a	m familiar with	and accept		
SIGNATURE	Intermoreure	4 AN	HONY SI	HARE	7 JK.	9/24	102			
			- gotto da rigota digita	tara radamaa r	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 \$550.00  After September 13, 2002 Fee will be \$750.00  Make Check Payable to Department of State					U 1	Campaign Financing d Contribution.	□ \$5.0 Added	00 May Be d to Fees		
11.	OFFICERS AND D		12.		ADDITIONS/CHAN	GES TO OFFICERS A	ND DIRECTOR	S IN 11		
NAME T	EDUARDO QUINONES PRESIDENT	Delete	TITLE NAME		SIDENT - DIR		Change	Addition		
STREET ADDRESS	PRESIDENT 1415 ALCERIA AVENUE	2.1	STREET ADDRESS	6403	HONY SUAR INW 36 STR	EET, # 276				
			CITY-ST-ZIP	AIM	MI, FL 3	3166				
TITLE NAME	ANTHONY SMACE 2, J		TITLE				☐ Change	Addition		
STREET ADDRESS CITY-ST-ZIP	6405 MV 36 St. 18-22	-6	STREET ADDRESS							
TITLE	ATAMI-FL 33.166-		CITY-ST-ZIP		<u> </u>	<u> </u>				
NAME		☐ Delete	TITLE NAME	_	600	008431 -10/17/02( *****750.00	<b>398-</b>	Addition \		
STREET ADDRESS			STREET ADDRESS			-18/17/02( ****750 00	)10840	)10		
CITY-ST-ZIP			CITY-ST-ZIP		or the con-	130.00	*****(5)	ທ.ນປ		
NAME		Delete	TITLE NAME				☐ Change	Addition		
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP		_			Ì		
TITLE .		☐ Delete	TITLE				☐ Change	Addition		
STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE			<del></del> -	☐ Change	☐ Addition		
NAME STREET ADDRESS			NAME							
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
13. I hereby of indicated of	ertify that the information supplied with th on this report or supplemental report is tru	is filing does not qualify for the		ed in Secti	on 119.07(3)(i), Florid	a Statutes. I further ce	rtify that the in	formation		

redicated 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 SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR