2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003 8:00 am
Secretary of State
09-15-2003 90154 011 ***550.00

DOCUMENT # P02000014996

1. Entity Name
INTRALINX, INC.

Principal Place of Business	Mailing Address
8370 N MIZZEN DR BOYTON BEACH, FL 33433	VIPSAL 922 PO BOX 025364 MIAMI, FL 33102

[redacted]

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
8370 N Mizzen Dr	8370 N Mizzen Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Boynton Beach	
City & State	City & State
Florida	Boynton Beach, FL
Zip / Country	Zip / Country
33437 / Palm Beach	33437 / Palm Beach

4. FEI Number 02-0549300 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THACKERAY, DAVID A 8370 N MIZZEN DR BOYTON BEACH, FL ~~33433~~ 33437	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ 9-11-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P THACKERAY, DAVID A 8370 N MIZZEN DR BOYTON BEACH, FL ~~33433~~ 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T thackeray, david A 8370 N Mizzen Dr Boynton Beach, FL 33437	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MUÑOZ, JUAN C CALLE LA GLORIA POLIGONO D-7 CASA #9-A MEJICANOS, SS NA	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DIAZ, PEDRO J CALLE LAS AZUCENAS #3, COL LA SULTANA ANTIGUO CUSCATLAN, SS NA	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GARAY, ROBERTO E 67 GLENFOREST DR HALIFAX, NS B3M 1H6	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 9-11-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #