

FILED
Jun 16, 2003 8:00 am
Secretary of State

4/2

04-28-2003 91827 014 ***150.00

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

DOCUMENT # **P02000058459**

1. Entity Name
INTERAD GROUP, INC.



Principal Place of Business
**7760 W 20 AVENUE SUITE 11
HIALEAH FL 33016**

Mailing Address
**7760 W 20 AVENUE SUITE 11
HIALEAH FL 33016**

55048331

2. Principal Place of Business

3. Mailing Address

Suite, Apt., etc.

Suite, Apt., etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

04-3676285

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GRANADOS, ANTONIO
7760 W 20 AVENUE SUITE 11
HIALEAH FL 33016**

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

Signature, name of third party or registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 ☐ Delete
NAME **D GRANADOS, ANTONIO**
STREET ADDRESS **11409 KNOT WAY**
CITY-ST-ZIP **COOPER CITY FL 33028**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D RUJZ, MARIO**
STREET ADDRESS **7828 W DRIVE APT #705**
CITY-ST-ZIP **NORTH BAY VILLAGE FL 33141**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D COLEY, JAMES**
STREET ADDRESS **8770 NW 13TH STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with or without other name empowered.

SIGNATURE:

4-23-03

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

City/State/Phone #

CR2E034 (10/02)