2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 20, 2003 8:00 am Secretary of State 03-20-2003 90109 008 ***150.00

DOCUMENT# **P02000065765**

M.t.: INTI	ERNATIONAL REPI	RESENTATIVE, (CORP.				9 008	130.00	
Principal Place of 역연구난NGLE RD PALM BEACH, FL 33480		P: O: B	Mailing P:O::BOX 2312 PALM BEACH, FL 33480			un in sent news and a sent of the per-	<i>;</i>		
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Principal Place of Business 3. Mailing Address			•						
Suite. Apt	#, etc.	Suite,	Suite, Apt. #. etc.			CHECK HERE IF MAKING CHANGES			
City & Stat	е	City &	City & State			. FEI Number 3-0456634		Applied For Not Applicable	
Zip 33434	- Country - USA	Zip 33434.		Country	- n	. Certificate of Status	Fee	75 Additional Required	
	6. Name and Addres	s of Current Registe	red			. Name and Address of Now R	egistered		
DA 1117	MAURICI B			Name					
P.O. BOX			Street Add	Street Address (P 0 Box Number is Not Acceptable)					
	EACH, FL 33480	v		0.10017100		ook, taribal to state to depart of			
				City			FL Zip	Cade	
9. The Siloue	anmad antibu outsmith this ato	atamant to the number of	t alla sina ita saa	intered office as society		t. or both, in the State of Florida.			
o. He gaove	manied entry submits this sta	ttement for the purposer	Changing its reg		eleu ayell	L OF BOST, III BIE GRARE OF FIDEIDA.			
SIGNATURE .	Signature, typed or printed name of re	gistered agent and title if a plicel	. (NOTE:	: Registered Agent signature r	required when	reinstating)	DAT		
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Department of State						 Election Campaign Financian Trust Fund Contribution 	ng 🔲	\$5.00 may Be Added to Fees	
			·						
10.		CERS AND DIRECTORS		11.	ADI	DITIONS/CHANGES TO OFFICERS.			
TITLE	DP	D	Delete	TITLE	·		Cha	ange Addition	
NAME	DA LUZ, MAURICI I P.O. BOX 2312	Ь		NAME					
	PALM BEACH, FL 3	22490		STREET ADDRESS					
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	pertify that the information sur	notied with this tiling does	not qualify for the		Section 11	9.07 (3)(i) Florida Statutes I further	cartifu that th	a information	

indicated on this report or supplemental report is frue and accurate and held 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 of trustee empowered to execute this report as qualified by chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an afficeed, with all either like empowered.

SIGNATURE: SIGNATURE REDURED SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE AND DIRECTOR