


FILED

03 APR 11 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # P02000086039		
1. Entity Name INTERFOR HOLDINGS INC.		

Principal Place of Business 1031 IVES DAIRY ROAD SUITE 2800-235 MIAMI, FL 33179	Mailing Address 1031 IVES DAIRY ROAD SUITE 2800-235 MIAMI, FL 33179
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100015766271

04-11-03 01026 009 \$300.00



2. Principal Place of Business 12955 Biscayne Blvd	3. Mailing Address 12955 Biscayne Blvd.
Suite, Apt. #, etc. Suite 328	Suite, Apt. #, etc. Suite 328

CHECK HERE IF MAKING CHANGES

03

City & State N. MIAMI FL	City & State N. MIAMI FL
Zip 33181	Zip 33181

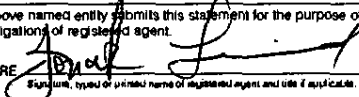
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JONATHAN D. LEINWAND, P.A. 2500 N. FEDERAL HIGHWAY SUITE 100 FORT LAUDERDALE, FL 33306	
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7. Name and Address of New Registered Agent Name Jonathan D. Leinwand, P.A. Street Address (P.O. Box Number is Not Acceptable) 12955 BISCAYNE BLVD Suite 328 City N. MIAMI FL Zip Code 33181	
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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  DATE **3 April 2003**

(NOTE: Registered Agent signature required when changing)

FILE NOW WITH FEE IS \$150.00
AFTER MAY 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

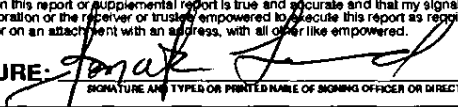
9. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE	DIRECTOR		
NAME	JONATHAN LEINWAND		
STREET ADDRESS	12955 BISCAYNE BLVD. Ste 328		
CITY-ST-ZIP	N. MIAMI FL 33181		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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:  DATE **3 April 2003** PHONE **305-981-4524**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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