2003 FOR PROFIT CORPORATION > 035! UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000128509

1. Entity Name

INTERMARKET CONSULTANTS, INC.



FILED Feb 26, 2003 8:00 am Secretary of State

02-26-2003 90144 042 ***150.00

					1	TRISI			
1825 PONCE SUITE 449	ce of Business DE LEON BLVC ES FL 33134-44).	Mailing Address 1825 PONCE DE LEON BLVD. SUITE 449 CORAL GABLES FL 33134-4418						
2. Principal F	Place of Busin	ess	3. Mailing Address						
Suite, Apt	_#,_etc,_		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES	<u> </u>	
City & Sta	te		City & State				4. FEI Number 020654709 Applied For Not Applied by	e	
Zip	·	Zip	Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name	and Address of Current	legistered Agent				7. Name and Address of New Registered Agent		
			Name Q			0-			
LANDER,	HECTOR					Rene Mathews			
	ICE DE LEOI	מעומיו		Street Ac	1825 Ponce Delean Bry # 449				
		1 BLVD.			<u>1 S</u>	<u> </u>	PONCE LECECIT OF THE	\dashv	
SUITE 449	\sim								
	ABLES/FL 33			L		el gabres FL Zipgog134			
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, typed or priviled name of regarded agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
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	FEE IS \$150.00				~ :	9. Election Campaign Financing - \$5.00 May Be	.		
		3 Fee will be \$550.00 Florida Department o	of Ctata				Trust Fund Contribution. Added to Fees		
	K Payable to		1	State					
10.	1	OFFICERS AND		11.		-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	╛,	
TITLE	DP		🔀 Delete	TITLE	:	1	TOCK HECTOR Change Addition	٤ ١	
NAME	LANDER, H			NAME			5 PONCE DE DOCK BUILD # 499	. 5	
STREET ADDRESS 301 RAQUET CLUB RD #208					ET ADDRESS	1025 POACE DESTRUCTION			
CITY-ST-ZIP	WESTON F	L 33327		CITY-	-ST-ZIP		CE 9-5/25 FL 33134-4418	{ š	
TITLE	DV P		☐ Delete	TITLE	. [DVP	Mange ☐ Addition	ؤ [٦	
NAME	MATHEUS, RENE A				:	MATI	HEUS, RENE S PONCE DELEON BIVD #449	Ι,	
STREET ADDRESS	15841 PINES BLVD #299				ET ADDRESS	1825	S PONCE DELLEON BLVD 12479		
CITY-ST-ZIP	PEMBROKE		CITY-	-ST-ZIP	Cord	ral gables FL 33134-4418			
TITLE	DST		☐ Delete	TITLE		r 24	T	7	
NAME	OREA. HEC	TOR J		NAME	:	ORE,	A HECTOR AND THE		
STREET ADDRESS	S 15841 PINES BLVD #299			STREE	ET ADDRESS	OREA HESTOR 1825 PONCE DE LEON BLUD #449 COIAL Gables FL 33134 - 4418			
CITY-ST-ZIP	PEMBROKE	PINES FL 33027		CITY-	ST-ZIP	CO10	al gables FL 33134 - 4418		
TITLE			☐ Delete	TITLE			☐ Change ☐ Addition		
NAME				NAME	_				
STREET ADDRESS	1	,		STREE	ET ADDRESS**	•	2		
CITY-ST-ZIP				CITY-	ST-ZIP				
TITLE			☐ Delete	TITLE			☐ Change ☐ Addition	ı T	
NAME				NAME			· _ · · · ·		
STREET ADDRESS				STREE	T ADDRESS				
CITY-ST-ZIP	Ì	-		CITY-	ST-ZIP				
TITLE		<u>;</u>	☐ Delete	TITLE		-	Change Addition	\exists	
NAME	[<i>t</i>	\	NAME			Containing Containing		
STREET ADDRESS		` .:			T ADDRESS				
CITY-ST-ZIP		\sim 1			ST-ZIP				
12. I hereby r	certify that the	information supplied with	this filing does not qualify fo	r the even	notion etata	nd in Son	ection 119.07(3)(i), Florida Statutes. I further certify that the information	\dashv	
indicated	on this report	or supplemental report is	strue and accurate and that	ny sianati	ire shall ha	ve the ea	same legal effect as if made under path; that I am an officer or director	- 1	

12. I nereby 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:

SIGNATURE AND WEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

teb 08/03

Daytime Phone #

CR2E034 (