

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-26-2003 90144 042 \*\*\*150.00

**DOCUMENT # P02000128509**

1. Entity Name

INTERMARKET CONSULTANTS, INC.



Principal Place of Business  
1825 PONCE DE LEON BLVD.  
SUITE 449  
CORAL GABLES FL 33134-4418

Mailing Address  
1825 PONCE DE LEON BLVD.  
SUITE 449  
CORAL GABLES FL 33134-4418



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

020654709

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

LANDER, HECTOR  
1825 PONCE DE LEON BLVD.  
SUITE 449  
CORAL GABLES FL 33134-4418

Name

Rene Matheus

Street Address (P.O. Box Number is Not Acceptable)

1825 Ponce de Leon Blvd #449

City

Coral Gables

FL

Zip Code

33134

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

February 08-03

**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	DP	<input checked="" type="checkbox"/> Delete
NAME	LANDER, HECTOR	
STREET ADDRESS	301 RAQUET CLUB RD #208	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	DV P	<input type="checkbox"/> Delete
NAME	MATHEUS, RENE A	
STREET ADDRESS	15841 PINES BLVD #299	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	DST	<input type="checkbox"/> Delete
NAME	OREA, HECTOR J	
STREET ADDRESS	15841 PINES BLVD #299	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDER, HECTOR	
STREET ADDRESS	1825 Ponce de Leon Blvd #449	
CITY-ST-ZIP	Coral Gables FL 33134-4418	
TITLE	DV P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHEUS, RENE	
STREET ADDRESS	1825 Ponce de Leon Blvd #449	
CITY-ST-ZIP	Coral Gables FL 33134-4418	
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OREA, HECTOR	
STREET ADDRESS	1825 Ponce de Leon Blvd #449	
CITY-ST-ZIP	Coral Gables FL 33134-4418	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Feb 08/03

Date

Daytime Phone #

CR2E034 (10/02)