

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000000788

1. Entity Name

INTER-LANG TRANSLATING & INTERPRETING, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90042 030 ***150.00

Principal Place of Business

Mailing Address

19 WEST FLAGLER STREET
 # 218
 MIAMI FL 33130
 US

19 WEST FLAGLER STREET
 # 218
 MIAMI FL 33130-4406
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NORTH MIAMI, FL

4. FEI Number

65-0460292

Applied For

Not Applicable

Zip

Country

Zip

Country

33261-1583

USA

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

ZEIDA POST
 19 W. FLAGLER #217
 SUITE 708
 MIAMI FL 33130

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME P
 STREET ADDRESS RAMIREZ, MARTHA
 CITY-ST-ZIP 19 W FLAGLER ST #928
 MIAMI FL 33130

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 19 W FLAGLER ST # 218
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martha Ramirez **Martha Ramirez** 4/24/00 (305) 539 1786
 Date Daytime Phone #

NY 14 (9/99)