

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000023094

1. Entity Name

INTER-CONTINENTAL TRADING, INC.

FILED

Apr 23, 2000 8:00 am  
Secretary of State

04-23-2000 90001 026 \*\*\*150.00

Principal Place of Business

7310 WEST MCNAB ROAD  
SUITE 108  
TAMARAC FL 33321  
US

Mailing Address

7310 WEST MCNAB ROAD  
SUITE 108  
TAMARAC FL 33321-5327  
US

2. Principal Place of Business

106 East Lee Rd

Suite, Apt. #, etc.

3. Mailing Address

106 East Lee Rd

Suite, Apt. #, etc.

City & State

Delray Beach

Zip

FL

Country

33445

City & State

Delray Beach

Zip

FL

Country

33445

4. FEI Number

65-0476949

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEHNHOFF, WALTER A  
106 EAST LEE ROAD  
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name Lehnhoff, Anne-Marie

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

106 East Lee Rd

City

Delray Beach

FL

Zip Code

33445

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

*Anne-Marie Lehnhoff* (Anne-Marie Lehnhoff)

4-14-2000

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LEHNHOFF, WALTER A	
STREET ADDRESS	106 EAST LEE ROAD	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LEHNHOFF, ANNE-MARIE	
STREET ADDRESS	106 EAST LEE ROAD	
CITY-ST-ZIP	DELRAY BEACH FL	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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		

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:

*Anne-Marie Lehnhoff* (Anne-Marie Lehnhoff)

Date

4-14-2000 (561) 498-4233

Daytime Phone #

CR2E034 (9/99)