

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000041396**

1. Entity Name

INTERDAN CORP.**FILED****May 11, 2000 8:00 am**
Secretary of State

05-11-2000 90191 001 ***317.50

Principal Place of Business

Mailing Address

8787 SW 107TH STREET
FL 331768787 SW 107TH STREET
MIAMI FL 33176-3725**14070**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0560844

Applied For

Not Applicable

Zip

Country

Zip

Country

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**

Name

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

City

FL

Zip Code

LOPEZ, JUAN R
8787 SW 107TH STREET
MIAMI FL 33176

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 State10. 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D SALINARDI, JOSE D STREET ADDRESS: HERNANDALIA 865, LOMAS DEL MIRADOR ST- ZIP: BUENOS AIRES, ARGENTINA	<input type="checkbox"/>	D SALINARDI, JOSE D STREET ADDRESS: HERNANDALIA 865, LOMAS DEL MIRADOR ST- ZIP: BUENOS AIRES, ARGENTINA	<input type="checkbox"/>
D BESSI, DANIELA F. STREET ADDRESS: HERNANDALIA 865, LOMAS DEL MIRADOR ST- ZIP: BUENOS AIRES, ARGENTINA	<input type="checkbox"/>	D BESSI, DANIELA F. STREET ADDRESS: HERNANDALIA 865, LOMAS DEL MIRADOR ST- ZIP: BUENOS AIRES, ARGENTINA	<input type="checkbox"/>
D _____ STREET ADDRESS: _____ ST- ZIP: _____	<input type="checkbox"/>	D _____ STREET ADDRESS: _____ ST- ZIP: _____	<input type="checkbox"/>
D _____ STREET ADDRESS: _____ ST- ZIP: _____	<input type="checkbox"/>	D _____ STREET ADDRESS: _____ ST- ZIP: _____	<input type="checkbox"/>
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D _____ STREET ADDRESS: _____ ST- ZIP: _____	<input type="checkbox"/>	D _____ STREET ADDRESS: _____ ST- ZIP: _____	<input type="checkbox"/>

CR2E034 (9/99)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 Apr 00

Date

305-598-5357

Daytime Phone #