

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000057730

1. Entity Name

INTER TRADEHOUSE CORP.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90151 047 \*\*\*158.75

Principal Place of Business

~~6671 WEST INDIANTOWN ROAD  
 SUITE 56-419  
 JUPITER FL 33458~~

Mailing Address

~~6671 WEST INDIANTOWN ROAD  
 SUITE 56-419  
 JUPITER FL 33458-3972~~

2. Principal Place of Business

1924 N.E. 32nd Ave.  
 Suite, Apt. #, etc.

3. Mailing Address

1924 N.E. 32nd Ave.  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale, FL

Zip

33305

Country

City & State

Ft. Lauderdale, FL

Zip

33305

Country

4. FEI Number

65-0529446

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

BUCHANAN, DAWN L

~~6671 WEST INDIANTOWN ROAD  
 SUITE 56-419  
 JUPITER FL 33458~~

Name

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

1924 N.E. 32nd Ave.

City

Ft. Lauderdale

FL

Zip Code

33305

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

*Dawn L Buchanan*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/00

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 **D** ☐ Delete  
 NAME **BUCHANAN, DAWN L**  
 STREET ADDRESS ~~6671 WEST INDIANTOWN ROAD, SUITE 56-419~~  
 CITY-ST-ZIP ~~JUPITER FL 33458~~

☒ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS **1924 N.E. 32nd Ave**  
 CITY-ST-ZIP **Ft. Lauderdale, FL 33305**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition  
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 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:

*Dawn L Buchanan*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

Date

Daytime Phone #

CR2E034 (9/99)