

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90143 020 ***150.00

DOCUMENT # P94000061458
 1. Entity Name
INTER-TEK GROUP OF COMPANIES, INC.

Principal Place of Business 10567 N.W. 53 ST. SUNRISE FL 33351 US	Mailing Address 10567 N.W. 53 ST. SUNRISE FL 33351-9030 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10567 NW 53 Street	3. Mailing Address
Suite, Apt. #, etc. Sunrise	Suite, Apt. #, etc.
City & State Florida	City & State
Zip 33351	Country USA

4. FEI Number 65-0514748	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
BOSCH ACCOUNTING & TAX CORPORATION
5440 NORTH STATE ROAD 7
SUITE 5
FORT LAUDERDALE FL 33319

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DVP	<input type="checkbox"/> Delete
NAME	SAN PEDRO, NANCY	
STREET ADDRESS	4309 NW 120 LN	
CITY-ST-ZIP	SUNRISE FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SAN PEDRO, FELIPE	
STREET ADDRESS	4309 N.W. 120 LANE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARQUEZ, ISAAC	
STREET ADDRESS	1423 AVON LN #110	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
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	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	San Pedro, Nancy	
STREET ADDRESS	13428 NW 6 Drive	
CITY-ST-ZIP	Plantation, FL 33325	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAN PEDRO, FELIPE	
STREET ADDRESS	13428 NW 6 Drive	
CITY-ST-ZIP	Plantation, FL 33325	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARQUEZ, ISAAC	
STREET ADDRESS	6200 Falls Circle Drive # 303	
CITY-ST-ZIP	Lauderhill, FL 33319	
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)(f), 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]* **4-12-00** **(954) 742-6131**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRPE034 (9/99)