

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
 04-19-2001 90043 050 ***150.00

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DOCUMENT # P94000061458

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

Principal Place of Business Mailing Address
10567 N.W. 53 ST. **10567 N.W. 53 ST.**
SUNRISE FL 33351 **SUNRISE FL 33351**
US **US**

2. Principal Place of Business 3. Mailing Address
10561 NW 53 st **10561 NW 53 st**

Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
Sunrise, FL **Sunrise, FL** **65-0514748** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
33351 **USA** **33351** **USA**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

BOSCH ACCOUNTING & TAX CORPORATION
5440 NORTH STATE ROAD 7
SUITE 5
FORT LAUDERDALE FL 33319

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 _____ (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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP | DVP SAN PEDRO, NANCY 4309 NW 120 LN SUNRISE FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP SAN PEDRO, NANCY 13428 NW 6 Drive Plantation, FL 33325 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (OF ADDRESS) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP SAN PEDRO, FELIPE 4309 N.W. 120 LANE SUNRISE FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP SAN PEDRO, FELIPE 13428 NW 6 Drive Plantation FL 33325 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (OF ADDRESS) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MARQUEZ, ISAAC 1423 AVON LN #110 NORTH LAUDERDALE FL 33068 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MARQUEZ, ISAAC 6200 FALLS CIRCLE DRIVE #303 LAUDERHILL, FL 33319 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (OF ADDRESS) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: NANCY SAN PEDRO Date: 4/12/01 Daytime Phone #: (954) 742-6131

CR2E034 (10/00)