## 2002 Uniform Business Report (UBR)

## Apr 02, 2002 8:00 am Secretary of State P94000061458 DOCUMENT # 1. Entity Name 04-02-2002 90891 024 \*\*\*150.00 INTER-TEK GROUP OF COMPANIES, INC. Principal Place of Business Mailing Address 10561 NW 53 ST 10561 NW 53 ST SUNRISE FL 33351 SUNRISE FL 33351 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0514748 Not Applicable Zip Zip Country Country \$8.75 Additional Certificate of Status Desired Fee\_Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BOSCH ACCOUNTING & TAX CORPORATION** Street Address (P.O. Box Number is Not Acceptable) 5440 NORTH STATE ROAD 7 **SUITE 5** FORT LAUDERDALE FL 33319 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) TITLE ☐ Change ☐ Addition TITLE ☐ Delete SAN PEDRO, NANCY NAME NAME 13428 NW 6 DRIVE STREET ADDRESS STREET ADDRESS PLANTATION FL 33325 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE SAN PEDRO, FELIPE NAME NAME 13428 NW 6 DRIVE STREET ADDRESS STREET ADDRESS PLANTATION FL 33325 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME MARQUEZ, ISAAC NAME Summerbreze Dr #602 STREET ADDRESS 6200 FALLS CIRCLE DRIVE # 303 STREET ADDRESS LAUDERHILL FL 33319 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change `Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

NANCY GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR