

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000022359

1. Entity Name

INTELLMART, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90072 014 ***150.00

Principal Place of Business

Mailing Address

2932 N.2. 99TH PLACE
MIAMI FL 33172

2932 N.2. 99TH PLACE
MIAMI FL 33172

2. Principal Place of Business

2932 NW 99th Place

3. Mailing Address

2932 NW 99th Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami - FL

City & State

Miami - FL

4. FEI Number

65-0571769

Applied For

Not Applicable

Zip

Country

33172

USA

Zip

Country

33172

USA

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

MOREIRA, ROSANA
8349 NW 54TH ST
MIAMI FL 33166

Name MOREIRA, ROSANA

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

2932 NW 99th Place

City Miami

FL

Zip Code 33172

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

Rosana Pereira

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-24-00

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	<input type="checkbox"/> Delete
NAME	MOREIRA, ROSANA	
STREET ADDRESS	11172 NW 67 STREET	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	D	<input type="checkbox"/> Delete
NAME	DANIA, SERGIO D	
STREET ADDRESS	6295 SW 35TH ST	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2932 NW 99th Place	
CITY-ST-ZIP	Miami, FL 33172	
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		
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)(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:

Rosana Pereira

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-00

Date

305-593-6830

Daytime Phone #

CR2E034 (9/99)