

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000034524

1. Entity Name

INTERCONTINENTAL INSPECTIONS INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90095 015 ***150.00

Principal Place of Business

Mailing Address

367 W 29 ST
HIALEAH FL 33012
US

367 W 29 ST
HIALEAH FL 33012-5707
US

2. Principal Place of Business

3. Mailing Address

345 NW 170 Street

345 NW 170 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH - FL

City & State

NORTH MIAMI BEACH

Zip

33169

Country

USA

Zip

33169

Country

USA

4. FEI Number

65-0577451

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

DE ALOIA, MARIA
367 W 29 ST
HIALEAH FL 33012

Name

IAN HOLDER

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

345 NW 170 Street

City

NORTH MIAMI BEACH

FL

Zip Code

33169

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

3-23-2000

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 P ☒ Delete
NAME DE ALOIA, MARIA
STREET ADDRESS 367 W 29 ST
CITY-ST-ZIP HIALEAH FL

TITLE PRESIDENT ☒ Change ☐ Addition
NAME HOLDER, IAN
STREET ADDRESS 345 NW 170 Street
CITY-ST-ZIP NORTH MIAMI BEACH - FL 33169

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-2000

Date

954-680-6835

Daytime Phone #

CR2E034 (9/99)