## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 12, 2001 8:00 am Secretary of State DOCUMENT # P95000042938 1. Entity Name INTERLANG, INC. 04-12-2001 90047 038 \*\*\*150.00 Mailing Address Principal Place of Business P.O. BOX 811141 832 SE 8TH AVE BOCA RATON FL 33481-1141 DEERFIELD BEACH FL 33441-5610 3. Mailing Address 2. Principal Place of Business 1001 E SAMPLE RD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. # 96 Applied For City & State 4. FEI Number City & State 65-0585974 BENCH Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ROWANS) Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Robert H. Smith Street Address (P.O. Box Number is Not Acceptable) 3170 N. FEDERAL HWY SUITE 116 LIGHTHOUSE POINT FL 33064 Zip Code City FL 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 DATÉ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME MELCHIORRE, ANTONIO F STREET ADDRESS STREET ADDRESS 832 SE 8TH AVE CITY-ST-ZIP CITY-ST-7IP DEERFIELD BEACH FL 33441-5610 ☐ Addition Change TITLE Delete TITLE NAME NAME 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 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/2001 561-893-1013