

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90142 006 ***150.00

DOCUMENT # P95000042938

1. Entity Name
INTERLANG, INC.

Principal Place of Business
1001 E SAMPLE ROAD
#9E
POMPANO BEACH FL 33064

Mailing Address
P.O. BOX 811141
BOCA RATON FL 33481-1141
US

BU050400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9197 TIVOLI PLACE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BOCA RATON FL

City & State

4. FEI Number **65-0585974**

Applied For
 Not Applicable

Zip **33434-8002** Country **US**

Zip Country

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

ROBERT H. SMITH
3170 N. FEDERAL HWY
SUITE 116
LIGHTHOUSE POINT FL 33064

Name **ANTONIO F. MELCHIORRE**

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

9197 TIVOLI PLACE

City **BOCA RATON FL** Zip Code **33434**

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

4/26/2002

Signature, typed or printed name of registered agent and title if applicable. (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, 2002 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 **PSTD**
 NAME **MELCHIORRE, ANTONIO F** ☒ Delete
 STREET ADDRESS **832 SE 8TH AVE**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441-5610**

TITLE **PSTD**
 NAME **MELCHIORRE, ANTONIO** ☐ Change ☒ Addition
 STREET ADDRESS **9197 TIVOLI PLACE**
 CITY-ST-ZIP **BOCA RATON, FL 33434-5602**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 **ANTONIO F. MELCHIORRE** **4/26/2002** **561 893-1013**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)