

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000054177

1. Entity Name

INTER-CITY ENTERPRISES INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90105 001 ***150.00

Principal Place of Business

1191 E NEWPORT CENTER DR #209
DEERFIELD BCH FL 33442
US

Mailing Address

1191 E NEWPORT CENTER DR #209
DEERFIELD BCH FL 33442-7708
US

2. Principal Place of Business

508 S. MILITARY TRAIL

Suite, Apt. #, etc.

3. Mailing Address

508 S. MILITARY TRAIL

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FLORIDA

City & State

DEERFIELD BEACH, FLORIDA

Zip

Country

Zip

Country

33442

33442

4. FEI Number

65-0635876

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHEEMA, SAIFULLAH

1191 E NEWPORT CENTER DR #209 ONLY ADDRESS CHANGE
DEERFIELD BCH FL 33442

[Signature]

7. Name and Address of New Registered Agent

Name

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

508 S. MILITARY TRAIL

City

FL

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CHEEMA, SAIFULLAH	
STREET ADDRESS	5541 NW 57TH WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MRS BUSHRA-CHEEMA	
STREET ADDRESS	5541 NW 57TH WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCFLIKER, HENRY	
STREET ADDRESS	5040 NW 57 TERACE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-07-2000

Date

Daytime Phone #

CR2E034 (9/99)