2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED DOCUMENT # P95000056362 Mar 03, 2000 8:00 am 1. Entity Name **Secretary of State** INTERMEDIARY CONSULTANTS GROUP, INC. 03-03-2000 90081 001 ***150.00 03-03-2000 90081 002 *****8.75 Principal Place of Business Mailing Address 8058 ABERDEEN DRIVE 8058 ABERDEEN DRIVE BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437-2985 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0593421 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CECCHINI, WALTER R. Street Address (P.O. Box Number is Not Acceptable) 8058 ABERDEEN DR #101 **BOYNTON BEACH FL 33437** Zip Code 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 DATE Signature, typed or printed name of registered agent and title (NOTE: Registered Agent signature required when FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Frust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State DIRECTORS NS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AN 12. 11. Addition ☐ Change ☐ Delete TITLE CECCHINI, WALTER R. NAME 8058 ABERDEEN DR #101 STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33437** ☐ Change Addition ☐ Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Oalete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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