

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000073112

1. Entity Name

INTER-COMM CORPORATION

Principal Place of Business

Mailing Address

19812 W. DIXIE HIGHWAY
NORTH MIAMI FL 33180

9521 NW 8 ST
PEMBROKE PINES FL 33024

2. Principal Place of Business

3. Mailing Address

19812 W. DIXIE Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NORTH MIAMI FL.

Zip

Country

Zip

Country

33180

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOTTIGLIERI, CHARLES
19812 W. DIXIE HIGHWAY
NORTH MIAMI FL 33180

Name

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

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, 2001 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 ☐ Delete
NAME P
STREET ADDRESS NIEFELD, LESLIE
CITY-ST-ZIP 9521 NW 8 ST
PEMBROKE PINES FL 33024

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

TITLE ☐ Delete
NAME T
STREET ADDRESS BOTTIGLIERI, HOPE
CITY-ST-ZIP 659 WOODGATE CIR
SUNRISE FL 33326

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: Charles Bottiglieri Charles Bottiglieri 01-09-01 305-933-4496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90073 022 ***150.00

C0004679



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0666264 ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

011137

CR2E034 (10/00)