

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91351 008 ***150.00

DOCUMENT # **196000043143**
1. Entity Name **INTERPRO GROUP, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3325 GRIFFIN ROAD

3. Mailing Address
3325 GRIFFIN ROAD

Suite, Apt. #, etc.
SUITE 217

Suite, Apt. #, etc.
SUITE 217

City & State
FT LAUDERDALE

City & State
FT LAUDERDALE

Zip Country
33312 USA

Zip Country
33312 USA

4. FEI Number
650683360

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
GREGORY BLODIG, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
100 W. CYPRESS CREEK ROAD

SUITE 700

City **FT. LAUDERDALE** **FL** Zip Code **33309**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSTD
DAVID CARVALHO
3325 GRIFFIN ROAD, SUITE 217
FT LAUDERDALE, FL 33312**

TITLE
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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 on an attachment with an address with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/02 954-253-9156

CR2E034B (12/01)