

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90028 046 ***150.00

DOCUMENT # P96000069263

1. Entity Name

INTERACT SELL, INC.

Principal Place of Business

Mailing Address

**1200 NORTH FEDERAL HIGHWAY, SUITE 411
BOCA RATON FL 33432**

**1200 NORTH FEDERAL HIGHWAY, SUITE 411
BOCA RATON FL 33432-2847**

2. Principal Place of Business

1799 7th Ave. N.

3. Mailing Address

1799 7th Ave. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Lake Worth, FL

4. FEI Number

65-0694010

Applied For

Not Applicable

Zip

Country

33461

Palm Bch.

Zip

Country

33461

Palm Bch.

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

**VANTIEM, FLORENTINE
1799 7TH AVE N
LAKE WORTH FL 33461**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **OLESKY, VICTORIA**
STREET ADDRESS **63 CITRUS PARK LANE**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **D** ☒ Change ☐ Addition
NAME **Victoria Olesky**
STREET ADDRESS **1799 7th Ave. N.**
CITY-ST-ZIP **Lake Worth, FL 33461**

TITLE **D** ☐ Delete
NAME **VAN TIEM, FLORENTINE**
STREET ADDRESS **1799 7TH AVE N**
CITY-ST-ZIP **LAKE WORTH FL 33461**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)