

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 21, 2000 8:00 am**
Secretary of State

04-21-2000 90005 050 ***150.00

DOCUMENT # P97000010025

1. Entity Name

INTERNATIONAL LINK ENTERPRISES INC.

Principal Place of Business

**17941 NE 6TH AVE.
NORTH MIAMI BEACH FL 33162
US**

Mailing Address

**17941 NE 6TH AVE.
201
NORTH MIAMI BEACH FL 33162-1905
US**

2. Principal Place of Business

3. Mailing Address

17941 NE 6th AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NORTH MIAMI BEACH, FL.

4. FEI Number

65-0722817

Applied For

Not Applicable

Zip

Country

Zip

Country

33162**USA**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

**LOPEZ, JOSE
17941 N.E. 6TH AVENUE
NORTH MIAMI BEACH FL 33162**

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, 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 **P** ☐ Delete
NAME **LOPEZ, JOSE**
STREET ADDRESS **17941 N.E. 6TH AVENUE**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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

4-12-00

Date

305-609-6615

Daytime Phone #

CR2E034 (9/99)