

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90175 034 ***150.00

DOCUMENT # P97000026914

1. Entity Name
INTER FILMS USA, INC.

Principal Place of Business
**3912 SOUTH CONGRESS AVENUE
 LAKE WORTH FL 33461**

Mailing Address
**3912 SOUTH CONGRESS AVENUE
 LAKE WORTH FL 33461**

2. Principal Place of Business
3952 S. Congress Ave.

3. Mailing Address
3952 S. Congress Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LAKE WORTH, FL.

City & State
LAKE WORTH, FL.

4. FEI Number **65-0736921**

Applied For
 Not Applicable

Zip **33461** Country **USA**

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

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS ENTERPRISES, INC.
 4521 PGA BLVD. STE 211
 PALM BEACH GARDENS FL 33418**

7. Name and Address of New Registered Agent

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 _____ (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, 2002 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

TITLE **D** ☐ Delete
 NAME **ALBORNOZ, ANTONIO**
 STREET ADDRESS **3912 S CONGRESS AVE**
 CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE **D** ☐ Delete
 NAME **BRITOS, FEDERICO**
 STREET ADDRESS **3912 S CONGRESS AVE**
 CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE **D** ☒ Delete
 NAME **GOMEZ-FRA, JOSE**
 STREET ADDRESS **3912 S CONGRESS AVE**
 CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/02 (561) 968-6868
 Date Daytime Phone #

CR2E034 (9/01)