

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000061346

1. Entity Name
INTERWEAVE SERVICES, CORP.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90127 020 ***150.00

Principal Place of Business
**8910 MIRAMAR PKWY
STE. 210
MIRAMAR FL 33025
US**

Mailing Address
**8200 SW 203 ST
MIAMI FL 33189-3350
US**

801881



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8640 SW 212 STREET
Suite, Apt. #, etc.
306
City & State
MIAMI, FL

3. Mailing Address
8640 SW 212 STREET
Suite, Apt. #, etc.
306
City & State
MIAMI, FL

4. FEI Number **65-0767106** Applied For
Not Applicable

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

Zip **33189** Country **USA** Zip **33189** Country **USA**

6. Name and Address of Current Registered Agent
**DE MORAES MACHADO, DENISE B
8200 SW 203RD ST
MIAMI FL 33189**

7. Name and Address of New Registered Agent
Name **DE MORAES MACHADO, DENISE B.**
Street Address (P.O. Box Number is Not Acceptable)
8640 SW 212 ST # 306
City **MIAMI** FL Zip Code **33189**

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PS DE MORAES MACHADO, DENISE B 8200 SW 203RD ST MIAMI FL 33189	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS DE MORAES MACHADO, DENISE B. 8640 SW 212 ST # 306 MIAMI, FL 33189	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIG. REQUIRED** **January 11, 2000** (305) 259-3035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #