

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90062 007 ***150.00

DOCUMENT # P97000093655

1. Entity Name
INTERTRANS SERVICE CORPORATION

Principal Place of Business

**983 SE 20TH STREET
 BOX A 12
 FT LAUDERDALE FL 33316**

Mailing Address

**P.O. BOX 13115
 FT LAUDERDALE FL 33316**

2. Principal Place of Business

101 NW 5th Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL

City & State

City & State

4. FEI Number

65-0795036

Applied For

Not Applicable

Zip

Country

33311

U.S.A.

Zip

Country

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

**NATHANS, PHILIP S
 921 S.E. 20TH STREET
 A-12
 FT. LAUDERDALE FL 33316**

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, 2001 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 Delete
 NAME **D**
NATHANS, PHILIP S
 STREET ADDRESS **983 SE 20TH STREET**
 CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 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

PHILIP NATHANS

16 APR 01

Date

954-467-FF27

Daytime Phone #

CR2E034 (10/00)