

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90362 002 \*\*\*150.00

**DOCUMENT # P97000099857**

1. Entity Name  
**INTERAMERICA TRADING CORPORATION**

**80039900**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1900 S.W. 6TH PLACE BOCA RATON FL 33486	Mailing Address 1900 S.W. 6TH PLACE BOCA RATON FL 33486
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2. Principal Place of Business 4203 TRANQUILITY DR. Suite, Apt. #, etc.	3. Mailing Address 4203 TRANQUILITY DR. Suite, Apt. #, etc.
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City & State HIGHLAND BEACH, FL Zip 33487 Country PBC	City & State HIGHLAND BEACH, FL Zip 33487 Country PBC
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4. FEI Number 65-0795981	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**KOONTZ, JESSE L**  
**1900 S.W. 6TH PLACE**  
**BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

Name  
**ANDREJ MARTINOVIC**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4203 TRANQUILITY DR.**  
 City **HIGHLAND BEACH** FL Zip Code **33487**

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 (ANDREJ MARTINOVIC) 04/21/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KOONTZ, JESSE L</b> <b>1900 S.W. 6TH PLACE</b> <b>BOCA RATON FL 33486</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPO</b> <b>MARTINOVIC, ANDREJ</b> <b>4203 TRANQUILITY DR</b> <b>HIGHLAND BCH FL 33487</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>LAMOLA, SCOTT</b> <b>7740 SW 54TH COURT</b> <b>SOUTH MIAMI FL 33143</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>MARTINOVIC, ANDREJ</b> <b>4203 TRANQUILITY DR.</b> <b>HIGHLAND BEACH, FL 33487</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: (ANDREJ MARTINOVIC) 04/21/01 278 4058  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)