

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000099857

1. Entity Name

INTERAMERICA TRADING CORPORATION

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

04-27-2001 90362 002 ***150.00

Principal Place of Business

1900 S.W. 6TH PLACE
BOCA RATON FL 33486

Mailing Address

1900 S.W. 6TH PLACE
BOCA RATON FL 33486

2. Principal Place of Business

4203 TRANQUILITY DR

Suite, Apt. #, etc.

3. Mailing Address

4203 TRANQUILITY DR

Suite, Apt. #, etc.

City & State

HIGHLAND BEACH, FL

City & State

HIGHLAND BEACH, FL

4. FEI Number

65-0795981

Applied For

Not Applicable

Zip

33487

Country

PBC

Zip

33487

Country

PBC

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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	P	<input checked="" type="checkbox"/> Delete
NAME	KOONTZ, JESSE L	
STREET ADDRESS	1900 S.W. 6TH PLACE	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	VPO	<input type="checkbox"/> Delete
NAME	MARTINOVIC, ANDREJ	
STREET ADDRESS	4203 TRANQUILITY DR	
CITY-ST-ZIP	HIGHLAND BCH FL 33487	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LAMOLA, SCOTT	
STREET ADDRESS	7740 SW 54TH COURT	
CITY-ST-ZIP	SOUTH MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINOVIC, ANDREJ	
STREET ADDRESS	4203 TRANQUILITY DR	
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (10/00)