

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006133

1. Entity Name  
**INTERSALES UNLIMITED, INC.**

Principal Place of Business  
**3400 SHERIDAN AVENUE  
MIAMI BEACH FL 33140**

Mailing Address  
**3400 SHERIDAN AVENUE  
MIAMI BEACH FL 33140**

**FILED**  
**Jun 06, 2001 8:00 am**  
**Secretary of State**

06-06-2001 90007 009 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For  
☒ Not Applicable

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

**WEISS, PAMELA W  
LAW OFFICES OF ALEX HOFRICHTER, P.A.  
9350 SOUTH DIXIE HIGHWAY - SUITE 1500  
MIAMI FL 33156**

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.

(NOT 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!**  
**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 NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>WEISS, HOWARD T</b> <b>1728 E. 19TH STREET</b> <b>BROOKLYN NY 11229</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
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <del>BARRY</del> <b>Baruch Azulay</b> <b>989 E 10th Street</b> <b>Brooklyn NY 11230</b>	<input type="checkbox"/> Change <input checked="" 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
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 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 R DIRECTOR

6/1/01  
Date

718-258-9783  
Daytime Phone #

CR2E034 (10/00)

Attachment  
#1980000000

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

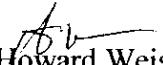
6/1/01

Re: Reason for late filing

Dear Sirs,

I recently called moved to New York and have been having some problems with my mail.  
I have yet to use my corporation but am planning on using it this year. Please waive the  
late fee and accept my annual report.

Thank you,

  
Howard Weiss