

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006674

1. Entity Name

INTERTECH CONTROLS, INC.

Principal Place of Business

1491 MEADOWS BLVD.
FT. LAUDERDALE FL 33327

Mailing Address

1876 N UNIVERSITY
STE 201 I
FT. LAUDERDALE FL 33322-4133

2. Principal Place of Business

1876 N. University Dr.

3. Mailing Address

Suite, Apt. #, etc.

201 I

City & State

Ft. Lauderdale, FL

Zip

33322

Country

USA

Zip

Country

4. FEI Number

65-0807515

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TEDDER, BOBBY W JR.
3944 N.E. 5 AVE.
OAKLAND PARK FL 33334

7. Name and Address of New Registered Agent

Name

Bassam K. Binni

Street Address (P.O. Box Number is Not Acceptable)

1491 Meadows Blvd.

City

Ft. Lauderdale

FL

Zip Code

33327

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]

Signature, typed or printed name of registered agent and site 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, 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

TITLE P
NAME BINNI, BASSAM K
STREET ADDRESS 1491 MEADOWS BLVD
CITY-ST-ZIP FT LAUDERDALE FL 33327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Director
NAME Oussama Barakat
STREET ADDRESS 2373 Scottwood
CITY-ST-ZIP Toledo, Ohio 43620 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 or without other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bassam K. Binni

Date

1/18/00

Daytime Phone #

(954) 370-1216



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)