

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 01, 2001 8:00 am**  
**Secretary of State**

**DOCUMENT # P98000006674**

1. Entity Name  
**INTERTECH CONTROLS, INC.**

07-10-2001 90114 004 \*\*\*150.00  
 08-01-2001 90197 008 \*\*\*550.00

Principal Place of Business

**1876 N UNIVERSITY DR  
 201 I  
 FORT LAUDERDALE FL 33322  
 US**

Mailing Address

**1876 N UNIVERSITY  
 STE 201 I  
 FT. LAUDERDALE FL 33322**

2. Principal Place of Business

**4812 W. COMMERCIAL BLVD**  
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**TAMARAC, FLORIDA**

City & State

**TAMARAC, FLORIDA**

Zip

**33319**

Country

**USA**

Zip

**33319**

Country

**USA**

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

**BINNI, BASSAM K  
 1491 MEADOWS BLVD  
 FT LAUDERDALE FL 33327**

7. Name and Address of New Registered Agent

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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** ☐ Delete  
 NAME **BINNI, BASSAM K**  
 STREET ADDRESS **1491 MEADOWS BLVD**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33327**

TITLE **D** ☐ Delete  
 NAME **BARAKAT, OUSSAMA**  
 STREET ADDRESS **2373 SCOTTWOOD**  
 CITY-ST-ZIP **TOLEDO OH 43620**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition  
 NAME **Spafford Christopher**  
 STREET ADDRESS **67 OAKLAND ST.**  
 CITY-ST-ZIP **WILBRAHAM, MA 01095**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Maria Louice Hazaira**  
 STREET ADDRESS **5686 ROCK ISLAND RD # 117**  
 CITY-ST-ZIP **TAMARAC, FL 33319**

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

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

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

TITLE ☐ Change ☐ 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: **Bassam Binni**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 27, 2001 954-535-2963**

Date

Daytime Phone #

CR2E034 (5/01)