

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90159 050 \*\*\*150.00

**DOCUMENT # P98000006674**

1. Entity Name

**INTERTECH CONTROLS, INC.**

Principal Place of Business

**4812 W COMMERCIAL BLVD  
TAMARAC FL 33319  
US**

Mailing Address

**4812 W COMMERCIAL BLVD  
TAMARAC FL 33319  
US**

2. Principal Place of Business

**11410 INTERCHANGE CIRCLE  
Suite, Apt. #, etc.  
NORTH**

3. Mailing Address

**11410 INTERCHANGE CIRCLE  
Suite, Apt. #, etc.  
NORTH**

City & State

**MIRAMAR, FL**

City & State

**MIRAMAR, FL**

4. FEI Number

**65-0807515**

Applied For

Not Applicable

Zip

**33025**

Country

**USA**

Zip

**33025**

Country

**USA**

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 \$150.00  
After May 1, 2002 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 ☐ Delete  
NAME **P**  
STREET ADDRESS **BINNI, BASSAM K**  
CITY-ST-ZIP **1491 MEADOWS BLVD  
FT LAUDERDALE FL 33327**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **CHRISTOPHER, SPAFFORD**  
CITY-ST-ZIP **67 OAKLAND ST  
WILBRAHAM MA 01095**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MAZARA, MANA L**  
CITY-ST-ZIP **5686 ROCK ISLAND RD # 117  
TAMARAC FL 33319**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MIGUEL NAYAS**  
CITY-ST-ZIP **2266 N.W. 157th LANE  
PEMBROKE PINES FL 33028**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MIGUEL NAYAS**  
CITY-ST-ZIP **2266 N.W. 157th LANE  
PEMBROKE PINES FL 33028**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **CHRISTOPHER, SPAFFORD**  
CITY-ST-ZIP **67 OAKLAND ST  
WILBRAHAM MA 01095**

TITLE ☐ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **MARIA LOUISE EKLUND**  
CITY-ST-ZIP **5686 ROCK ISLAND RD # 117  
TAMARAC FL 33319**

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **MIGUEL NAYAS**  
CITY-ST-ZIP **2266 N.W. 157th LANE  
PEMBROKE PINES FL 33028**

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **MIGUEL NAYAS**  
CITY-ST-ZIP **2266 N.W. 157th LANE  
PEMBROKE PINES FL 33028**

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **MIGUEL NAYAS**  
CITY-ST-ZIP **2266 N.W. 157th LANE  
PEMBROKE PINES FL 33028**

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 17, 2002 954-600-2000**  
Date Daytime Phone #

CR2E034 (9/01)