

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000012636**

1. Entity Name

INTERAM COMPANY

Principal Place of Business

Mailing Address

1840 WEST 49TH STREET
SUITE 234
HIALEAH FL 330121840 WEST 49TH STREET
SUITE 234
HIALEAH FL 33012

2. Principal Place of Business

3. Mailing Address

1840 W 49th. St.

1840 W 49th. St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 309

SUITE 309

City & State

City & State

HIALEAH, FL.

HIALEAH, FL

Zip

Country

Zip

Country

33012

U.S.A.

33012

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE LA Riestra, WILLIAM
1840 WEST 49TH STREET
SUITE 234
HIALEAH FL 33012

Name WILLIAM DE LA Riestra

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

1840 W 49th. St.

SUITE 309

City

FL

Zip Code

33012

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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
D
DE LA Riestra, WILLIAM
1840 WEST 49TH STREET,
HIALEAH FL 33012 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SUITE 309 ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90053 022 ***150.00

DUPLICATE



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0824033

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required

CR2E034 (10/00)

0092678