2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P98000017089 Feb 02, 2000 8:00 am **Secretary of State** INTERGROWTH DATA CORP. 02-02-2000 90041 020 ***150.00 Principal Place of Business Mailing Address 3341 PINE HILL TRAIL 3341 PINE HILL TRAIL PALM BEACH GARDENS FL 33418-3503 PALM BEACH GARDENS FL 33418-3503 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0814169 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required :--7. Name and Address of New Registered Agent ===6.-Name and Address of Current Registered Agent Abraham TOLBAIL, ABRAHAM Street Address (P.O. Box Number is Not Acceptable) 3341 PINE HILL TRAIL PALM BCH GARDENS FL 33418-3503 Rome City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE TITLE DAVIS, DREW NAME 2217 S.E. MELALGUCA BLUD. STREET ADDRESS 4901 COCONUT BLVD STREET ADDRESS PORT ST. LUCIE FL. CITY-ST-ZIP CITY-ST-ZIP **ROYAL PALM BEACH FL 33411** ☐ Addition TITLE ☐ Detete TOUBAIL, ABRAHAM NAME NAME STREET ADDRESS STREET ADDRESS 3341 PINE HILL TRAIL CITY-ST-ZIP CITY-ST-ZIP PALM BCH GARDENS FL 33415-3503 Delete ليان .. چاڪيا جا جا جا جي ديڪ يا يورجي اندي يا دڪاري TITLE. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chande ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.