

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91351 023 \*\*\*150.00

0204174 AV

DOCUMENT # P98000084268

1. Entity Name  
INTERLINK TECHNOLOGY, INC.



Principal Place of Business  
9380 SW 72ND STREET  
B-220B  
MIAMI FL 33173

Mailing Address  
9380 SW 72ND STREET  
B-220B  
MIAMI FL 33173



2. Principal Place of Business  
9481 SW 109 TERRACE

3. Mailing Address  
9481 SW 109 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
MIAMI, FLORIDA

City & State  
MIAMI, FLORIDA

4. FEI Number 65-0939202

Applied For  
Not Applicable

Zip 33176 Country USA

Zip 33176 Country USA

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

CORTADA, RAMON X  
9481 SW 109 TERRACE  
MIAMI FL 33176

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME, STREET ADDRESS, CITY-ST-ZIP  
PD  
CORTADA, RAMON X  
9481 SW 109TH TERR  
MIAMI FL 33176 ☐ Delete

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

TITLE NAME, STREET ADDRESS, CITY-ST-ZIP ☐ Delete

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

TITLE NAME, STREET ADDRESS, CITY-ST-ZIP ☐ Delete

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

TITLE NAME, STREET ADDRESS, CITY-ST-ZIP ☐ Delete

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

TITLE NAME, STREET ADDRESS, CITY-ST-ZIP ☐ Delete

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

TITLE NAME, STREET ADDRESS, CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT  
RAMON X CORTADA

-Pres.-

4-23-03 305-596-4300

Date

Daytime Phone #

CR2E034 (10/02)