

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094055

1. Entity Name

INTERGLOBAL SERVICES, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90029 024 ***150.00

Principal Place of Business

6555 NW 36 ST #201-A
MIAMI FL 33166

Mailing Address

6555 NW 36 ST #201-A
MIAMI FL 33166-6976

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0877394

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~CABANAS, CARLOS~~
~~465 WEST PARK DRIVE~~
~~SUITE 10~~
~~MIAMI FL 33173~~

Name

MIT PRODUCTS & SERVICE, INC.

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

6555 NW 36 STREET STE. 301

City

MIAMI

FL

Zip Code

33166

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

MIT PRODUCTS & SERVICE, INC. *Gelvin V. Cristobal*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/5/2000

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
HECTOR, PARODI A
1105 COUNTRY SHADOW WAY
LAS VEGAS NV 39123 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
PARODI, HECTOR A
1105 COUNTY SHADOW WAY
LAS VEGAS NV 39123 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 #

4/5/00. (305) 871-6966

CR2E034 (9/99)