

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90013 009 ***150.00

DOCUMENT # P99000004172

1. Entity Name

INTERARTEX CORPORATION

Principal Place of Business

Mailing Address

~~11410 N. Kendall Dr.~~
~~Suite 204~~
~~Miami, Fl. 33176~~

13787 S.W 157 Terrace
 -
 Miami, Fl. 33177

2. Principal Place of Business

~~11410 N. Kendall Dr.~~

3. Mailing Address

13787 S.W. 157. Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~Suite 204~~

City & State

Miami, FL.

4. FEI Number

65-0890218

Applied For

Not Applicable

City & State

Miami, FL.

Zip

33176

Country

USA

Zip

33177

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

GUILLEN, Jaime A.

Name

GUILLEN, Jaime A.

~~11410 N. Kendall Dr. Suite #204~~

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

~~Miami, Fl. 33176~~

~~13787 S.W. 157 Terrace~~

City

Miami

FL

Zip Code
33177

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.

Jaime A. Guillen

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

04.17.2000

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUILLEN, Jaime A. 11410 N. Kendall Dr. Suite #204 Miami, Fl. 33176	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUILLEN, Jaime A. 11410 N. Kendall Dr. Suite #204 Miami, Fl. 33176	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Guillen, Jaime A. 13787 S.W. 157 Terrace Miami, Fl. 33177	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUILLEN, Jaime A. 13787 S.W. 157 Terrace Miami, Fl. 33177	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

Jaime A. Guillen
 President

(305)278-2687

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)