

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90173 033 ***150.00



DOCUMENT # P99000004172

1. Entity Name
INTERARTEX CORPORATION

Principal Place of Business
**13787 SW 157 TERR
MIAMI FL 33177**

Mailing Address
**13787 SW 157 TERR
MIAMI FL 33177**

2. Principal Place of Business
10621 SW 128 STREET

Suite, Apt. #, etc.

3. Mailing Address
10621 SW 128 ST.

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33176

Country
USA

Zip
33176

Country
USA

4. FEI Number **65-0890218**

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GUILLEN, JAIME A
13787 SW 157 TERR.
MIAMI FL 33177

7. Name and Address of New Registered Agent

Name
GUILLEN, JAIME A.

Street Address (P.O. Box Number is Not Acceptable)
10621 SW 128 ST.

City
MIAMI

FL

Zip Code
33176

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  **JAIME A. GUILLEN**

(NOTE: Registered Agent signature required when reinstating)

DATE **01/24/03**

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

TITLE PD	<input checked="" type="checkbox"/> Delete
NAME GUILLEN, JAIME A	
STREET ADDRESS 13787 SW 157 TERR.	
CITY-ST-ZIP MIAMI FL 33177	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GUILLEN, JAIME A.	
STREET ADDRESS 10621 SW 128 ST	
CITY-ST-ZIP MIAMI FL 33176	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  **JAIME A. GUILLEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **01/24/03**

Daytime Phone #

CR2E034 (10/02)