

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009451

1. Entity Name
INTERTECH NETWORKS, INC.

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90040 025 ***550.00

Principal Place of Business
**8005 SW 158 CT.
MIAMI FL 33193**

Mailing Address
**8005 SW 158 CT.
MIAMI FL 33193**

ADDITIO



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0899630

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

**ALONSO, RAMON A JR.
8005 SW 158 CT.
MIAMI FL 33193**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ~~Director~~ ☒ Delete
NAME ~~RAMON A. ALONSO JR.~~
STREET ADDRESS **VOID**
CITY-ST-ZIP

TITLE **President / Director** ☒ Change ☐ Addition
NAME **RAMON A. ALONSO JR.**
STREET ADDRESS **8005 S.W. 158 COURT**
CITY-ST-ZIP **MIAMI, FL 33193**

TITLE **Director** ☒ Delete
NAME **MIGUEL Palmero Jr.**
STREET ADDRESS **8335 S.W. 152 AVE APT 115**
CITY-ST-ZIP **MIAMI, FL 33193**

TITLE **Vice - President / Director** ☒ Change ☐ Addition
NAME **Pedro de Camillo Jr.**
STREET ADDRESS **16474 S.W. 99 STREET**
CITY-ST-ZIP **MIAMI, FL 33196**

TITLE ~~Director~~ ☒ Delete
NAME **Julio Orihuela Jr.**
STREET ADDRESS **6753 SW. 22 STREET**
CITY-ST-ZIP **MIAMI, FL 33155**

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

TITLE ~~Director~~ ☐ Delete
NAME **VOID**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/00 (305) 752-4260
Date Daytime Phone #

CR2E034 (5/00)