

2023

# 2002 UNIFORM BUSINESS REPORT (UBR)

0295764 AV

DOCUMENT # P99000010668

1. Entity Name  
INTELLVEST, INC.

FILED

03 MAY 16 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
14693 SW 142ND PLACE CIRCLE  
MIAMI FL 33186

Mailing Address  
14693 SW 142ND PLACE CIRCLE  
MIAMI FL 33186

2. Principal Place of Business  
8725 SW 96 ST.

3. Mailing Address  
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIAMI FL

City & State

4. FEI Number 65-0891660

Applied For  
Not Applicable

Zip 33176 Country MIAMI-Dade

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

REYES, MIGUEL A  
14693 SW 142ND PL CIR  
MIAMI FL 33186

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

8725 SW 96 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.

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 \$150.00**  
After May 1, 2002 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 DP  Delete  
NAME REYES, MIGUEL A  
STREET ADDRESS 14693 SW 142 PL CIR  
CITY-ST-ZIP MIAMI-FL 33186

TITLE  Change  Addition  
NAME D/P/S Reyes, Miguel  
STREET ADDRESS 8725 SW 96 ST.  
CITY-ST-ZIP MIAMI FL 33176

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME 700020778197  
STREET ADDRESS 06/11/03--01046--018 \*\*150.00  
CITY-ST-ZIP

TITLE  Delete  
NAME  
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  
CITY-ST-ZIP

TITLE  Delete  
NAME  
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  
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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03 305-542-6300  
Date Daytime Phone #

CR2E034 (9/01)