

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025885

1. Entity Name

INTERLYNXX TECHNOLOGY INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90049 020 \*\*\*150.00

Principal Place of Business      Mailing Address  
777 SOUTH FLAGLER DRIVE      777 SOUTH FLAGLER DRIVE  
PHILLIPS POINTE BUILDING, EAST TOWER #903      PHILLIPS POINTE BUILDING, EAST TOWER #903  
WEST PALM BEACH FL 33405      WEST PALM BEACH FL 33401-6161

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
65-0903987

Applied For  
Not Applicable

Zip  
33401      Country

Zip  
33401      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

GOMEZ, SARA  
777 SOUTH FLAGLER DRIVE  
PHILLIPS POINTE BUILDING, EAST TOWER #903  
WEST PALM BEACH FL 33405

Name

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

City

FL      Zip Code  
33401

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, 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      D      ☐ Delete  
NAME      MANDELBAUM, IIONA  
STREET ADDRESS      777 SOUTH FLAGLER DRIVE  
CITY-ST-ZIP      WEST PALM BEACH FL 33405

TITLE      ☒ Change      ☐ Addition  
NAME      Suite 903  
STREET ADDRESS      33401  
CITY-ST-ZIP

TITLE      D      ☐ Delete  
NAME      GOMEZ, SARA  
STREET ADDRESS      777 SOUTH FLAGLER DRIVE  
CITY-ST-ZIP      WEST PALM BEACH FL 33405

TITLE      ☒ Change      ☐ Addition  
NAME      Suite 903  
STREET ADDRESS      33401  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/00      561-366-8901

CR2E034 (9/99)