

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000032090

1. Entity Name

INTI SERVICES, CORP.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90046 003 ***150.00

Principal Place of Business

Mailing Address

5545 SW 8 ST. STE 207
MIAMI FL 33134

5545 SW 8 ST. STE 207
MIAMI FL 33134-2287

2. Principal Place of Business

3. Mailing Address

5545 SW 8 ST

5545 SW 8 ST

(Suite) Apt. #, etc.

(Suite) Apt. #, etc.

107

107

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0909648

Applied For

Not Applicable

Zip

33134

Country

DADE

Zip

33134

Country

DADE

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

HUERTAS, ERNESTO
5545 SW 8 ST. STE 207
MIAMI FL 33134

Name

HUERTAS, ERNESTO

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

5545 SW 8 ST STE 107

City

MIAMI

FL

Zip Code

33134

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, type, and printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-20-00

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

TITLE	PSD	<input checked="" type="checkbox"/> Delete
NAME	HUERTAS, ERNESTO	
STREET ADDRESS	5545 SW 8 ST. STE 207	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	VASQUEZ, MARTHA	
STREET ADDRESS	5545 SW 8 ST. STE 207	
CITY-ST-ZIP	MIAMI FL 33134	
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		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VASQUEZ, MARTHA	
STREET ADDRESS	5545 SW 8 ST STE 107	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASTANEDA, CESAR A.	
STREET ADDRESS	5545 SW 8 ST STE 107	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUERTAS, ERNESTO	
STREET ADDRESS	5545 SW 8 ST STE 107	
CITY-ST-ZIP	MIAMI, FL 33134	
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		

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:

Ernesto Huertas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-00

Date

Daytime Phone #

CR2E034 (9/99)