FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2002 8:00 am Secretary of State

DOCUMENT # P9900042050				05-21-2002 91141 031 ***150.00		
	INTERA HOLDINGS	S GROUP, I	inc.			
DO NOT WRITE IN THIS SPACE				666169		
2. Principal Place of Business 3208 NW 03 STREET 2700 N. Military Trail						
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 350			, ·	DO NOT WRITE IN THIS SPACE		
City & State	RATION F.L	City & State Boca Rator		4. FEI Number 105-0917146	Applied For Not Applicable	
^{Zip} 33	5496 USA	^{Zip} 33431	USA	Certificate of Status Desired Name and Address of Current Register	\$8.75 Additional Fee Required	
Name Sco				TT SHAW		
DO NOT WRITE IN THIS SPACE			Street Address	Street Address (P.O. Box Number is Not Acceptable) 3208 NW 03 STREET		
		/\ U _	City BOCA	RATON F	L Zip Code 496	
8. The above	named entity submits this statement for	the purpose of changing its ri	egistered office or regist	ered agent, or both, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE:	Registered Agent signature requir	ed when reinstatung) DATE		
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After May 1 Amended	iyal Fee (8 \$150.00) Fee (5 \$550.00) UBR (5 \$6) 25 ODE (5 \$150.00)	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND I	DIRECTORS	TITLE			
NAME STREET ADDRESS CITY-ST-ZIP	SCOTT SHAW 3308 NW 63 STR BOCA RATION FL	еет 33490	NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME			TITLE NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE NAME		-	TITLE NAME	•		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	DO NOT WR	RITE	
TITLE NAME			TITLE NAME	IN THIS SPA	CE	
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP			
TITLE			TITLE			
STREET ADDRESS			NAME STREET ADORESS			
TITLE			CITY-ST-ZIP TITLE			
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP	cortify that the information availed with	this filling done not qualify for	CITY-ST-ZIP	Section 110 07/3)(i) Florida Stanuas - Liusbor	certify that the information	
indicated of the co attachme	certify that the information supplied with d on this report or supplemental report is rporation or the receiver of trustee enporation or the receiver of trustee enport with an address, with all other like arm	uns niming uses flot quality for true and accurate aperthal m owered to execute this report powered.	y signature shall have the as required by Chapter	Section 119.07(3)(i), Florida Statutes. I further a e same legal effect as if made under oath; tha -607, Florida Statutes; and that my name appears.	(I am an officer or director ears in Block 11 or on an	
SIGNATURE: 4/30/02						