

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90352 002 ***150.00

0083473 AV

DOCUMENT # P99000064736

1. Entity Name
INTERMEZZO, INC.



Principal Place of Business
**2345 OKEECHOBEE BLVD
WEST PALM BEACH FL 33409**

Mailing Address
**2345 OKEECHOBEE BLVD
WEST PALM BEACH FL 33409**

2. Principal Place of Business

515 N. FLAGLER DRIVE

Suite, Apt. #, etc.

SUITE 808

City & State

WEST PALM BEACH, FL

Zip

33401

Country

USA

3. Mailing Address

515 N. FLAGLER DRIVE

Suite, Apt. #, etc.

SUITE 808

City & State

WEST PALM BEACH FL

Zip

33401

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0942226

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FHS CORPORATE SERVICES INC
11780 US HWY ONE
SUITE 300
NORTH PALM BEACH FL 33408**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **S** ☐ Delete
NAME **CUILLO, ROBERT C**
STREET ADDRESS **2345 OKEECHOBEE BLVD**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **P** ☐ Delete
NAME **SCHWARTZ, MARK**
STREET ADDRESS **2345 OKEECHOBEE BLVD**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **T** ☐ Delete
NAME **HOTARY, MICHAEL**
STREET ADDRESS **2345 OKEECHOBEE BLVD**
CITY-ST-ZIP **W PALM BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☒ Change ☐ Addition
NAME **CUILLO, ROBERT S.**
STREET ADDRESS **615 N. FLAGLER DRIVE STE 808**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **P** ☒ Change ☐ Addition
NAME **SCHWARTZ, MARK**
STREET ADDRESS **615 N. FLAGLER DRIVE STE 808**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **T** ☒ Change ☐ Addition
NAME **HOTARY, MICHAEL**
STREET ADDRESS **615 N. FLAGLER DRIVE STE 808**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL HOTARY

4-30-03

561-478-4990

Date

Daytime Phone #

CR2E034 (10/02)