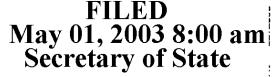
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P99000070262 **DOCUMENT #**



INTELTECH SALES, CORP.									05-01-2003 90242 047 ***150.00			
Principal Place of Business 3435 S.W. 129TH AVENUE MIAMI FL 33175 2. Principal Place of Business				Mailing Address 3435 S.W. 129TH AVENUE MIAMI FL 33175 3. Mailing Address					1 100/1001 110 10/10 10/14 00/14 00/14 00/	1 88 111 88 111		
Suite, Apt. #, etc.				Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES			
City & State				City & State			•	4.	FEI Number 65-0939240	Applied For Not Applicable		
Zip Country				Zip-	Zip Cour		try	5.	Certificate of Status Desired		\$8.75 Ad Fee Require	
~	6.~Name	and Address	of Current P	logistore	d-Agent			7,-	Name and Address of New Ro	egistered	Agent	
CORONA, ZOILA S							Name Street Add	ress (P.O. E	ox Number is Not Acceptable)	······································	
3435 S.W. 129TH AVENUE MIAMI FL 33175								- J	\$64-APA-\$			
							City			F	Zip Coo	le
	e named entity tions of regist		statement for	the purp	ose of changing its	register	ed office or re	gistered ag	gent, or both, in the State of Flo	rida. I an	n familiar with,	and accept
SIGNATURE		or printed name of r	registered agent ar	nd title if app	olicable. (NOT	E: Registere	d Agent signature	required when r	reinstating)	DATE		}
Afte	r May 1, 200	! FEE IS \$ 3 Fee will b Florida Dep	e \$550.00	State					Election Campaign Fine Trust Fund Contribution	-		00 May Be d to Fees
10.		OFF	ICERS AND E	DIRECTO	RS	11.		A[DDITIONS/CHANGES TO OFFI	CERS AN	D DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CORONA, 3435 S.W. MIAMI FL 3	129TH AVE	NUE		☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP					□ Delete		i				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Delete	TITLE NAM STRE					Change	Addition

12. Thereby 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 like empowered.

SIGNATURE