

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070962

1. Entity Name

INTERPACIFIC, INC.

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90044 039 ***158.75

Principal Place of Business

8045 NW 36TH ST
STE 542
MIAMI FL 33166

Mailing Address

8045 NW 36TH ST
STE 542
MIAMI FL 33166

102811



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7311 NW 12 ST.
Suite, Apt. #, etc.
26

3. Mailing Address

7311 NW 12 ST.
Suite, Apt. #, etc.
26

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33126

Country

USA

Zip

33126

Country

USA

4. FEI Number

65-0940715

Applied For

Not Applicable

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

ALBUQUERQUE, ANDRE CESAR
9440 FONTAINEBLEAU BLVD., #104
MIAMI FL 33166

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.

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, 2001 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 PD
NAME ALBUQUERQUE, ANDRE CESAR
STREET ADDRESS 9440 FONTAINEBLEAU BLVD., #104
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

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

TITLE VD
NAME MIRANDA BARRETTO, FERNANDO
STREET ADDRESS 9440 FONTAINEBLEAU BLVD., #104
CITY-ST-ZIP MIAMI FL 33166 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 #

CR2E034 (10/00)