

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082195

1. Entity Name

INTENSE INVESTIGATIONS, INC.

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90095 045 ***550.00

Principal Place of Business

3745 N.E. 171 ST.. #28
 N. MIAMI BEACH FL 33160

Mailing Address

3745 N.E. 171 ST.. #28
 N. MIAMI BEACH FL 33160

2. Principal Place of Business

11481 TARA DRIVE

Suite, Apt. #, etc.

3. Mailing Address

11481 TARA DRIVE

Suite, Apt. #, etc.

City & State

PLANTATION, FL

City & State

PLANTATION, FL

4. FEI Number

65-6948966

Applied For

Not Applicable

Zip

33325

Country

USA

Zip

33325

Country

USA

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

PASSARIELLO, JOHN
 6466 NW 5TH WAY
 FT. LAUDERDALE FL 33309

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
 NAME JEFFREY S. UNDERWOOD
 STREET ADDRESS 11481 TARA DRIVE
 CITY-ST-ZIP PLANTATION, FL 33325

TITLE ☐ Change ☐ Addition
 NAME FRED FIELDS
 STREET ADDRESS 11481 TARA DRIVE
 CITY-ST-ZIP PLANTATION, FL 33325

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/00

Date

954-915-0721

Daytime Phone #

CR2E034 (5/00)