

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000111364

1. Entity Name

INTERGLOBE ENTERPRISES CORP.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

560 LAVERS CIRCLE

Suite, Apt. #, etc.

#144

City & State

DELRAY BEACH, FL

Zip

Country

USA

3. Mailing Address

24 21ST AVENUE

Suite, Apt. #, etc.

City & State

ISLE OF PALMS, SC

Zip

29451

Country

USA

6/20/04 90032013 \$150.00

4. FEI Number

65-0981735

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

ENISE MOTO

Street Address (P.O. Box Number is Not Acceptable)

660 LINTON BLVD, SUITE 207

City

DELRAY BEACH

FL

Zip Code

33444

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

5/5/04

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	P. MOTO KEMAL	24 21ST AVENUE	ISLE OF PALMS, SC 29451				
	V. MOTO ENISE	24 21ST AVENUE	ISLE OF PALMS, SC 29451				

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/04 (561) 998-7047

Date

Daytime Phone #

CR2E034B (12/02)