

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S36839

1. Entity Name

INTERMARKETING CONCEPTS, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90032 034 ***155.00

Principal Place of Business

12230 S.W. 68TH AVE.
MIAMI FL 33156

Mailing Address

12230 S.W. 68TH AVE.
MIAMI FL 33156-5410

2. Principal Place of Business

16400 S. Post Rd #101

3. Mailing Address

PO Box 267431

Suite, Apt. #, etc.

#101

Suite, Apt. #, etc.

101E

City & State

WESTON, FL

City & State

WESTON, FL

Zip

33331

Country

USA

Zip

33326

Country

USA

4. FEI Number

65-0253135

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANTINBERG, SHELDON

~~12230 S.W. 68TH AVE.~~ 16400 S. Post Rd #101
~~MIAMI FL 33156~~ WESTON, FL 33331

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.

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, 2000 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

TITLE VP
NAME LANTINBERG, MARCIA
STREET ADDRESS 12230 SW 68 AVENUE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE P
NAME LANTINBERG, SHELDON
STREET ADDRESS 12230 SW 68 AVENUE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Marcia Lantiniere Marcia Lantiniere

Date

Daytime Phone #

4-1-00 954-659-0350

CR2E034 (9/99)