

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90012 024 ***150.00

DOCUMENT # S55296

1. Entity Name
INTERLAND MANAGEMENT, INC.

Principal Place of Business 7227 NW 29TH AVE 2ND FLOOR MIAMI FL 33147 US	Mailing Address PO BOX 527711 MIAMI FL 33152-7711
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2500 NW 46 ST Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State MIAMI FL	City & State	4. FEI Number 65-0266097	Applied For <input type="checkbox"/> Not Applicable
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Zip 33142	Country MIAMI -DADE	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
ENRIQUEZ, LEONEL
 7227 NW 29TH AVE
 2ND FLOOR
 MIAMI FL 33147

7. Name and Address of New Registered Agent
 Name
EDUARDO PICHARDO
 Street Address (P.O. Box Number is Not Acceptable)
 2500 NW 46 ST
 City
MIAMI FL Zip Code
33142

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 **EDUARDO PICHARDO** DATE **2-8-01**
Signature, typed or printed name of registered agent and the date (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ENRIQUEZ, LEONEL 7227 NW 29TH AVE., 2ND FLOOR MIAMI FL 33147 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CERNA, BLANCA 7227 NW 29TH AVE., 2ND FLOOR MIAMI FL 33147 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEDINA, JORGE 7227 NW 29TH AVE., 2ND FLOOR MIAMI FL 33147 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. MIGUEL ENRIQUEZ 2500 NW 46 ST MIAMI FL 33142 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.V.P. VERONICA MEDINA 2500 NW 46 ST MIAMI FL 33142 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. JORGE MEDINA 2500 NW 46 ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **JORGE MEDINA** DIRECTOR *Jorge Medina* DATE **2-08-01** DAYTIME PHONE # **305 693 0077**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)