

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S85012

1. Entity Name

INTER FLORIDA CORPORATION

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90417 028 ***150.00

Principal Place of Business

5500 COLLINS AVENUE, T1
TOWER 1
MIAMI BEACH FL 33140
US

Mailing Address

5500 COLLINS AVENUE, T1
TOWER 1
MIAMI BEACH FL 33140-2569
US

2. Principal Place of Business

2070 N. Ocean Blvd

3. Mailing Address

2070 N. Ocean Blvd

Suite, Apt. #, etc.

unit 3

Suite, Apt. #, etc.

Unit 3

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33432

Country

US

Zip

33432

Country

US

4. FEI Number

65-0302391

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

CABAN, LAUREN ALLISON
5500 COLLINS AVE,
TOWER FLOOR
MIAMI BEACH FL 33140

Name

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

2070 N. Ocean Blvd Unit 3

City

Boca Raton

FL

Zip Code

33432

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 | PD | <input type="checkbox"/> Delete |
| NAME | JOSEPH, JIM | |
| STREET ADDRESS | 5500 COLLINS AVE., TOWER TWO | |
| CITY-ST-ZIP | MIAMI BCH. FL | |
| TITLE | VT | <input type="checkbox"/> Delete |
| NAME | LEWIS, DONALD | |
| STREET ADDRESS | 411 BOREL AVE | |
| CITY-ST-ZIP | SAN MATEO CA | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | LAUREN, CABAN A | |
| STREET ADDRESS | 5500 COLLINS AVE., TOWER FLOOR | |
| CITY-ST-ZIP | MIAMI BEACH FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------|--|
| TITLE | Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 1480 DREW AVE., SUITE 100 | |
| CITY-ST-ZIP | DAVIS, CA 95616 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Sec | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SCOTT A MORTIMORE | |
| STREET ADDRESS | 1480 DREW AVE., SUITE 100 | |
| CITY-ST-ZIP | DAVIS CA 95616 | |
| TITLE | TREAS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ROBERT ALBIEZ | |
| STREET ADDRESS | 1480 DREW AVE., SUITE 100 | |
| CITY-ST-ZIP | DAVIS CA 95616 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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

4-17-00

Date

530-758-9210

Daytime Phone #

CR2E034 (9/99)