

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90244 043 ***150.00

DOCUMENT # S85012

1. Entity Name
INTER FLORIDA CORPORATION

Principal Place of Business

**2070 N. OCEAN BLVD.
UNIT 3
BOCA RATON FL 33432
US**

Mailing Address

**2070 N. OCEAN BLVD.
UNIT 3
BOCA RATON FL 33432
US**

00016300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**940 NE 118TH STREET
Suite, Apt. #, etc.**

3. Mailing Address

**940 NE 118TH STREET
Suite, Apt. #, etc.**

City & State

BISCAYNE, FLORIDA

City & State

BISCAYNE, FLORIDA

4. FEI Number **65-0302391**

Applied For

Not Applicable

Zip

Country

33161

Zip

Country

33161

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
2070 N. OCEAN BLVD
UNIT 3
BOCA RATON FL 33432**

Name

CT CORPORATION

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

1200 S. PINE ISLAND ROAD

City

PLANTATION

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

Feb 7, 2001

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **JOSEPH, JIM**
CITY-ST-ZIP **5500 COLLINS AVE., TOWER TWO
MIAMI BCH. FL**

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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **LEWIS, DONALD**
CITY-ST-ZIP **1480 DREW AVE. STE. 100
DAVIS CA 95616**

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **MORTIMORE, SCOTT A**
CITY-ST-ZIP **1480 DREW AVE. STE. 100
DAVIS CA 95616**

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **ALBIETZ, ROBERT**
CITY-ST-ZIP **1480 DREW AVE. STE. 100
DAVIS CA 95616**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SCOTT A MORTIMORE

Date

1/24/01

Daytime Phone #

330-758-9210

CR2E034 (10/00)