2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # \$85019** Jul 31, 2000 8:00 am 1. Entity Name **Secrétary of State** INTERCONTINENTAL FINANCIAL ENTERPRISES, INC. 07-31-2000 90008 002 ***550.00 Principal Place of Business Mailing Address 1325 S STATE RD 7 1325 S STATE RD 7 FT LAUDERDALE FL 33351-7357 FT LAUDERDALE FL 33317-5807 2. Principal Place of Business 10242 NW 47 3. Mailing Address 10 242 N.W. 47 4 ST. Suite, Apt. #, etc. ≥0 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For ity & State リルパバタ 4. FEI Number 65-0386950 UNRISE Not Applicable Country USA Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - __ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALBANO, WALTER Street Address (P.O. Box Number is Not 1325 S STATE RD 7 FT LAUDERDALE FL 33317 SuitE 30 City SUNRISE 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ALBAND, WHETER TRAS. ☐ Delete TITLE TITLE ALBANO, WALTER NAME NAME SUNRISE FL 33351 STREET ADDRESS 1325 S STATE RD 7 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33317 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change _ . Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 receiper or true 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.

Daytime Phone #

of the corporation or the rece changed, or on an attachmer