

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90082 045 ***150.00

DOCUMENT # S85019

1. Entity Name

INTERCONTINENTAL FINANCIAL ENTERPRISES INC

DO NOT WRITE IN THIS SPACE

639906

2. Principal Place of Business

10242 NW 47TH STREET

3. Mailing Address

S. ZIMMERMAN

Suite, Apt. #, etc.

30

Suite, Apt. #, etc.

601 NE 26TH AVE

DO NOT WRITE IN THIS SPACE

City & State
SUNRISE FL

City & State
POMPANO BEACH FL

4. FEI Number
65-0386950

Applied For

Not Applicable

Zip
33351

Country
USA

Zip
33062-4433

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name WALTER ALBANO c/o

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

601 NE 26TH AVENUE

City POMPANO BEACH FL Zip Code 33062-4433

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 D
NAME WALTER ALBANO
STREET ADDRESS 601 NE 26TH AVE
CITY-ST-ZIP POMPANO BEACH FL 33062-4433

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER ALBANO

4/16/02

Date

954 746 5083

Daytime Phone #

CR2E034B (12/01)