2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2000 8:00 am
Secretary of State
02-13-2000 90018 007 ***150.00

DOCUMENT # V26888

1. Entity Name

INTEL-ALLIANCE ENTERPRISES INC.

Principal Place of Business	Mailing Address
14 NE 1ST AVE STE 607 MIAMI FL 33132 US	14 N.E. 1ST AVE. SUITE 607 MIAMI FL 33132-2405 US

L0017044

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
55 N.E. 1ST STREET	55 N.E. 1ST STREET
Suite, Apt. #, etc. SUITE 8	Suite, Apt. #, etc. SUITE 8
City & State MIAMI FL	City & State MIAMI FL
Zip 33132 Country US	Zip 33132 Country US

4. FEI Number 65-0329333 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TOLEDO, ELVIS
14 N.E. 1ST AVE.
SUITE 607
MIAMI FL 33132

7. Name and Address of New Registered Agent

Name TOLEDO, ELVIS
Street Address (P.O. Box Number is Not Acceptable) 55 N.E. 1ST STREET
SUITE 8
City MIAMI FL Zip Code 33132

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] CARMEN TOLEDO VICE-PRESIDENT 1/26/00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TOLEDO, ELVIS 14640 SW 107 TERR MIAMI FL 33186 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD TOLEDO, CARMEN 14640 SW 107 TERR MIAMI FL 33186 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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] CARMEN TOLEDO VICE-PRESIDENT 1/26/00 (305) 381-9033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #