

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V16988**

1. Entity Name

INTELVEND, INC.**FILED****Jun 30, 2000 8:00 am**
Secretary of State

06-30-2000 90002 010 ***550.00

Principal Place of Business

Mailing Address

13615 SOUTH DIXIE HIGHWAY #114
SUITE 481
MIAMI FL 33176-7252
US**13615 SOUTH DIXIE HWY**
114-481
MIAMI FL 33176-7254
US

2. Principal Place of Business

3. Mailing Address

3615 S. DIXIE HWY. #114**13615 S. DIXIE HWY. #114**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 481**PMB 481**

City & State

City & State

Zip

Country

Zip

Country

33176-7254

6. Name and Address of Current Registered Agent

GUARCH, J.M., JR.
ARAN CORREA & GUARCH, P.A.
710 SOUTH DIXIE HIGHWAY
CORAL GABLES FL 33146

4. FEI Number

65-0321515

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



7. Name and Address of New Registered Agent

Name

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

City

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

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 State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD	TITLE	D
NAME	CORONA, ALICIA COMER	NAME	ALICIA COMER
STREET ADDRESS	13615 SOUTH DIXIE HWY STE 114-481	STREET ADDRESS	PMB 481, 13615 S. DIXIE HWY. #114
CITY-ST-ZIP	MIAMI FL 33176	CITY-ST-ZIP	MIAMI, FL 33176-7254
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

6/16/00 **(305) 869-9991**

Date

Daytime Phone #

CR2E034 (9/99)