

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V16988**

1. Entity Name
INTELVEND, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90004 030 ***150.00

Principal Place of Business
**13615 SOUTH DIXIE HIGHWAY #114
SUITE 481
MIAMI FL 33176-7252
US**

Mailing Address
**13615 SOUTH DIXIE HWY
114-481
MIAMI FL 33176-7252
US**

2. Principal Place of Business

3. Mailing Address
13615 So. DIXIE HWY. #114

Suite, Apt. #, etc.
PMB 481

Suite, Apt. #, etc.
PMB 481

City & State

City & State



DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

4. FEI Number **65-0321515**

Applied For
Not Applicable

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

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

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, 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 **D** ☐ Delete
NAME **CORONA, ALICIA COMER**
STREET ADDRESS **13615 SOUTH DIXIE HWY STE 114-481**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **D** ☒ Change ☐ Addition
NAME **ALICIA COMER**
STREET ADDRESS **13615 So. DIXIE HWY. #114, PMB 481**
CITY-ST-ZIP **MIAMI, FL 33176-7254**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

ALICIA COMER

April 12, 2001

Date

(305) 869-9991

Daytime Phone #

CR2E034 (10/00)