

**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 55 N.E. 1ST STREET Suite, Apt. #, etc. SUITE 8 City & State MIAMI FL Zip 33132 Country US	3. Mailing Address 55 N.E. 1ST STREET Suite, Apt. #, etc. SUITE 8 City & State MIAMI FL Zip 33132 Country US
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4. FEI Number	65-0329333	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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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 if Not Applicable): **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: *CARMEN TOLEDO VICE-PRESIDENT* DATE: 1/26/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TOLEDO, ELVIS 14640 SW 107 TERR MIAMI FL 33186 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD TOLEDO, CARMEN 14640 SW 107 TERR MIAMI FL 33186 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *CARMEN TOLEDO VICE-PRESIDENT* DATE: 1/26/00 (305) 381-1903  
Signature and typed or printed name of signing officer or director Date Daytime Phone

CR2E034 (9/99)