

2000 UNIFORM BUSINESS REPORT (UBR)

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0247352

DOCUMENT # P95000093423

FILED

1. Entity Name
INTERACTIVE SOLUTIONS ENTERPRISES INC.

00 JUN 30 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2915 S.W. 105 CT. MIAMI FL 33165	Mailing Address 2915 S.W. 105 CT. MIAMI FL 33165-2741
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 15549 SW (69 Terrace) Suite, Apt. #, etc.	3. Mailing Address 15549 SW (69 Terrace) Suite, Apt. #, etc.
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City & State Miami FL	City & State Miami FL 33193
Zip 33193	Zip 33193
Country USA	Country

4. FEI Number 65-0624033	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SOLBERG, MARCOS
2915 SW 105 CT.
MIAMI FL 33165

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
15549 SW (69 Terrace)
City
Miami FL Zip Code
33193

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 **MARCOS SOLBERG** 6/22/00
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	DPST SOLBERG, MARCOS 2915 SW 105 CT. MIAMI FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLBERG, SIRELY 2915 S.W. 105 COURT MIAMI FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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****150.00 ****150.00

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** Date Daytime Phone #

03/14/99

INTERACTIVE SOLUTIONS ENTERPRISES INC
15549 SW 69 TERRACE
MIAMI, FL 33193

Florida Dept. of State
Tallahassee, FL 32399

REF: Doc. #P95000093423

To whom it may concern:

We are writing to your offices in reference to the above named Corporation, Doc. #P95000093423. We would like to see if you could waive the penalty of \$400.00 because the annual report was not filed on time by the due date, May 1, 2000. Mr. Solberg's wife and partner had a baby during the Month of April 2000, and the baby was born with some complications and remained hospitalized. To make matters worst, the landlord sold the house which they were renting and they had to find a new place to live. With such burden, they were not in a state of mind regarding payments and due dates for current bills. If you would like to see hospital bills or need any further information, which can help us waive the penalty, please don't hesitate to contact us.

Thank You,


Arena Prado
Accountant