

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **L000 000 05765**

1. Entity Name

INTERCONSULT SERVICES, LLC

956121

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8, Kennedy Ave

Suite, Apt. #, etc.

1087 Nicosia

City & State

CP-1640 Cyprus

Zip

Country

3. Mailing Address

Delaware InterCorp, Inc

Suite, Apt. #, etc.

113 Backsdale Professional

City & State

Center, Newark, DE

Zip

DE 19711

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **NRAI SERVICES INC.**

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

526 East Park Ave

Tallahassee

FL 32301

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE **Manager**
NAME **Elena Pastou**
STREET ADDRESS **8, Kennedy Ave**
CITY - ST - ZIP **1087 Nicosia CP-1640, Cyprus**

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Elena Pastou**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04-25-2002 1-302-266 9367

Date

Daytime Phone #

Elena Pastou

CR2E083B (12/01)