

# 2001 UNIFORM BUSINESS REPORT (UBR)

0012593 AF

DOCUMENT # L98000000608

1. Entity Name  
INTERACTIVE SOFTWARE SYSTEMS, L.C.

FILED

01 FEB 21 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
4500 NORTH STATE ROAD 7  
SUITE 302  
FORT LAUDERDALE FL 33319

Mailing Address  
4500 NORTH STATE ROAD 7  
SUITE 302  
FORT LAUDERDALE FL 33319

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0835057

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.  
2 SOUTH BISCAYNE BOULEVARD, SUITE 3400  
MIAMI FL 33131

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR ORLOVE, MICHAEL  
STREET ADDRESS 4500 N. STATE ROAD 7, 3RD FLOOR  
CITY-ST-ZIP FT. LAUDERDALE FL 33319

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME MGR FELDMAN, BERNARD  
STREET ADDRESS 804 ST. ANDREWS ROAD  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME MGR PEISACH, HARRY  
STREET ADDRESS 8251 OLD CUTLER ROAD  
CITY-ST-ZIP CORAL GABLES FL 33143

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME MGR GLASS, HOWARD  
STREET ADDRESS 4500 N. STATE ROAD 7, 3RD FLOOR  
CITY-ST-ZIP FT. LAUDERDALE FL 33319

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 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: *Howard Glass*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/14/01 954-717-0069  
Date Daytime Phone #

CR2E083 (11/00)