2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

P00000027902

1. Entity Name

DOCUMENT #

INTERDATA ACCOUNTING SYSTEMS CORP.



FILED May 02, 2003 8:00 am Secretary of State

05-02-2003 90264 025 ***150.00

Principal Place of B 1005 S.W. 87TH AVE MIAMI FL 33174-3208	NUE	Mailing Address 1005 S.W. 87TH AVENUI MIAMI FL 33174-3208	E			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-2029358	Applied For Not Applicable	
Zip	Country	Zip	Country		8.75 Additional ee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
DEDEIDA JODG	\F.1		Name			
Pereira, Jorge L 1005 S.W. 87TH Avenue			Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33174	4-3208					
			City	FL	Zip Code	
FILE N	NOW!!! FEE IS \$150.00 r 1, 2003 Fee will be \$550.00 able to Florida Department of the state of t		DTE: Registered Agent signature rec	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.		DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
STREET ADDRESS 1005	D REIRA, JORGE L 5 S.W. 87TH AVENUE MI FL 33174-3208	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP		Change Addition	
TITLE , NAME STREET ADDRESS GITY-ST-ZIP	*** *** ***	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE		☐ Delete	TITLE NAME		☐ Change ☐ Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

REQUIRED

Delete

☐ Delete

4/22/03 Date

305-266-0575

Daytime Phone #

☐ Change

Change

☐ Addition

☐ Addition