

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000100528

1. Entity Name

INTEREST SAVINGS SYSTEM, INC.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 11 AM 10:03

Principal Place of Business

9766 W. SAMPLE RD.  
CORAL SPRINGS FL 33065

Mailing Address

9766 W. SAMPLE RD.  
CORAL SPRINGS FL 33065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1134590

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARTOONIAN, GEORGE

9766 W. SAMPLE RD.

CORAL SPRINGS FL 33065

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/11/01

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 ☐ Delete  
NAME D  
STREET ADDRESS HARTOONIAN, GEORGE  
CITY-ST-ZIP 9766 W. SAMPLE RD.  
CORAL SPRINGS FL 33065

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/01 954-227-4646  
Date Daytime Phone #

CR2E034 (5/01)



September 18, 2001

Florida Department of State  
Division of Corporations  
POB 6327  
Tallahassee, FL 32314

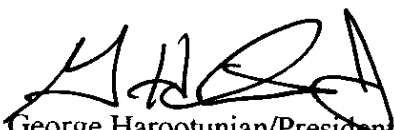
Re: 2001 Uniform Business Report  
Interest Savings System #65-1101235

To Whom It May Concern:

I received this Business Report requesting a check for a \$500 filing fee. Unfortunately, I put it aside because these reports are normally due between January and March. This Corporation was incorporated in October of 2000 and the fee was paid at that time. I did not receive a report with the \$150 usual fee. I am extremely careful with these reports because I missed one once before and had to pay the penalty.

I am enclosing the normal filing fee of \$150 because I believe a mistake was made on your end. If I am incorrect in this matter please let me know and I will remit the balance.

Sincerely:

  
George Harootunian/President  
Interest Savings System