

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

DOCUMENT # P01000034616			
1. Entity Name INTER INFORMATION CONSULTING SERVICES INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 15475 SW 74 CT Suite, Apt. #, etc. Unit 702 City & State MIAMI, FL Zip 33193 Country U. S. A		3. Mailing Address 15475 SW 74 CT Suite, Apt. #, etc. Unit 702 City & State MIAMI, FL Zip 33193 Country U. S. A	
		4. FEI Number 65-1091895 Applied For: ☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name TIEFANG LEI			
Street Address (P.O. Box Number is Not Acceptable) 15475 SW 74 CT, Unit 702			
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 _____ 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)		January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
President TIEFANG LEI 15475 SW 74 CT, Unit 702 Miami, FL 33193			
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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 on an attachment with an address, with all other like empowered.			
SIGNATURE: TIEFANG LEI		Date April 23-2002 305 321 6011	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034B (12/01)