

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000055176

1. Entity Name
INTERSOFT CONSULTING, INC.

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90028 001 ***150.00

Principal Place of Business

8025 SW 107TH AVE
SUITE 214
MIAMI FL 33173

Mailing Address

652 WILLOW HEIGHTS DR
ATLANTA GA 30328
US

2. Principal Place of Business

3. Mailing Address

69 DUNWOODY SPRINGS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ATLANTA, GA

Zip

Country

Zip

Country

30328

4. FEI Number

65-0599758

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

MARGOLLES, FERNANDO

8025 SW 107TH AVE

SUITE 214

MIAMI FL 33173

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. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARGOLLES, FERNANDO 8025 SW 107TH AVE., STE. 214 MIAMI FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fernando Margolles
FERNANDO MARGOLLES

4/25/02

Date

404-483-7888

Daytime Phone #

CR2E034 (9/01)