04/25/2002 16:16 3052484060 LARRY K HOOF

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90093 032 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056671

653969

1. Entity Name
INTEROFFICE SOLUTIONS CORPORATION

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5757 BLUE LAGOON DR	5757 BLUE LAGOON DR.
Suite, Apt. #, etc. SUITE 130	Suite, Apt. #, etc. SUITE 130
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33126 Country	Zip 33126 Country

4. FEI Number 58-2397460 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name WAYNE BARCLAY

Street Address (P.O. Box Number is Not Acceptable) 12436 SW 147 TERRACE

City MIAMI FL Zip Code 33186

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P
NAME	BARCLAY, ADOLPH
STREET ADDRESS	12733 SW 114TH COURT
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	VP
NAME	BARCLAY, DEAN
STREET ADDRESS	12436 SW 147TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	TS
NAME	BARCLAY, WAYNE
STREET ADDRESS	12436 SW 147TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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: Wayne Barclay WAYNE Barclay 4/26/02 (305)261-2233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #