2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F0000004330 1. Entity Name INTERNATIONAL STRATEGIC BUSINESS SOLUTIONS, INC.				Secretary of State 02-11-2002 90203 023 ***150.00	
2255 "K" SP	ce of Business RING HARBOR DR. ACH FL 33445	Mailing Address 2255 "K" SPRING HARBO DELRAY BEACH FL 33445	=) (461/46 (4)) 40() 66() 66() 58() 68() 68() 68() 68() 68() 68() 68()	
2. Principal F 50Z 4	Place of Business - NAVTICALAKE CIR	3. Mailing Address	JAKF CIP.		
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & Sta FIREEN Zip	te ACRES, FL Country	City & State	S, EL Country	4. FEI Number 52-2107683 Applied For Not Applicable	
3346		33463	USA	5. Certificate of Status Desired S8.75 Additional Fee Required	
IYER, SMITA 2255 "K" SPRING HARBOR DR. DELRAY BEACH FL 33445		Street Addre	(P.O. Box Number is Not Acceptable)		
Tax filing	Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!! After May 1, 200	Registered Agent signature req ! FEE IS \$150.00 2 Fee will be \$550.0 e to Department of \$.00 10. Election Campaign Financing \$5.00 May Be	
J 1.	OFFICERS AND DI		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IYER, VENKAT 2255 "K" SPRING HARBOR DR. DELRAY BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME Street address City-St-Zip	V IYER, SMITA 2255 "K" SPRING HARBOR DR. DELRAY BEACH FL	☐ 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 NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS DITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

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 ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

571203 5644,
Daytime Phone #