

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000096695

1. Entity Name
BUSINESS INTEGRATION GROUP, INC.

04-01-2002 90064 002 ***150.00

Principal Place of Business
721 RANCH ROAD
WESTON FL 33326

Mailing Address
~~721 RANCH ROAD~~
~~WESTON FL 33326~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
e/o
~~ACCOUNTING SERVICES UNLIMITED~~
1001 W. CYPRESS CREEK ROAD
~~SUITE 410, EXECUTIVE OFFICE PARK~~
FT. LAUDERDALE, FL 33309-1951

4. FEJ Number
65-1147494
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
EMO CORPORATE SERVICES, INC.
100 NORTHEAST THIRD AVENUE SUITE 1100
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent
Name
ROBERT L. GOLUBSKI, C.P.A.
Street Address (P.O. Box Allowed)
1001 W. CYPRESS CREEK ROAD
SUITE 410, EXECUTIVE OFFICE PARK
FT. LAUDERDALE, FL 33309-1951
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 *Robert L. Golubski, C.P.A.* DATE 3/19/02
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.
10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIECHANWIECKI, JEAN 721 RANCH ROAD WESTON FL 33326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* CIECHANOWIECKI 03-21-02
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)