2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State
02-06-2001 90259 044 ***150.00

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DOCUMENT # P98000047144

1. Entity Name
ILS, INC

Principal Place of Business	Mailing Address
4699 N FEDERAL HWY #208K POMPANO BEACH FL 33064 US	3006 NW 4TH TERRACE, #3 POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
822 SE 9TH ST		822 SE 9TH ST	
Suite, Apt. #, etc.: PALM PLAZA		Suite, Apt. #, etc.: PALM PLAZA	
City & State: DEERFIELD BEACH-FL		City & State: DEERFIELD BEACH-FL	
Zip: 33441	Country: BROWARD	Zip: 33441	Country: BROWARD

4. FEI Number 65-0839668 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SANTOS, ISMAEL LUIS JR
3006 NW 4TH TERRACE, #3
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

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, 2001 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTOS, ISMAEL L JR 3006 NW 4TH TERR #3 POMPANO BEACH FL 33064	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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: ISMAEL LUIS SANTOS JR. ✓ Ismael L. Santos Jr. OFFICE (954) 427-4420 CEL. (954) 605-0568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #