

FILED  
May 06, 2002 8:00 am  
Secretary of State

05-06-2002 90178 017 \*\*\*158.75

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031285

1. Entity Name

I-Sites, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1021 Ives Dairy Rd

Suite, Apt. #, etc.

Bldg 3, Ste 117

City & State

Miami, FL

Zip

33179

Country

3. Mailing Address

1021 Ives Dairy Rd

Suite, Apt. #, etc.

Bldg 3, Ste 117

City & State

Miami, FL

Zip

33179

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0929565

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Diversified Business Concepts, Inc.

Street Address (P.O. Box Number is Not Acceptable)

3000 University Dr.

Suite "I"

City

Coral Springs

FL

Zip Code

33065

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

*Gregory A. Pangburn*  
Signature, typed, printed, name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/02  
DATE

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/D/T  
Brian D. Cohen  
4405 N. 49th Ave  
Hollywood, FL 33021

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S/O  
Nathan Cohen  
9828 NW 2nd Ct.  
Plantation, FL 33324

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DO NOT WRITE  
IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN COHEN, PRES.

DATE

4/26/02

Daytime Phone #

305-654-6058

CR2E034B (12/01)