

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000065140

1. Entity Name

SERVICES INSTALL SYSTEMS CONSULTING INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90162 004 ***150.00

Principal Place of Business
275 NW FONTAINEBLEAU BLVD #130
MIAMI FL 33172
US

Mailing Address
275 NW FONTAINEBLEAU BLVD #130
MIAMI FL 33172-4500
US

2. Principal Place of Business
8201 PETERS RD

3. Mailing Address
8201 PETERS RD

Suite, Apt. #, etc.
SUITE 1000

Suite, Apt. #, etc.
SUITE 1000

City & State
PLANTATION, FL 33324

City & State
PLANTATION, FL 33324

Zip
33324

Country
DADE

Zip
33324

Country
DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-6181011

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ROMEY, ALFONSO
275 NW FONTAINEBLEAU BLVD #130
MIAMI FL 33172

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 *AR*
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, 2000 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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAN, CARLOS		NAME	MARIBEL ISEA	
STREET ADDRESS	275 NW FOUNTAINBLEU BLVD., #130		STREET ADDRESS	8201 Peters Road suite 1000	
CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP	Plantationn Florida 33324	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARBONELL, JULIO		NAME	MARISELA SALINAS	
STREET ADDRESS	275 NW FOUNTAINEBLEAU BLVD., #130		STREET ADDRESS	8201 Peters Road, suite 1000	
CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP	Plantation, Florida 33324	
TITLE		<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Gilberto Rodriguez	
STREET ADDRESS			STREET ADDRESS	8201 Peters Road suite 1000	
CITY-ST-ZIP			CITY-ST-ZIP	Plantation, Florida, 33324.	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *MARISELA SALINAS*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/28/00
Date

9549162615
Daytime Phone #

CR2E034 (9/99)