

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90021 031 ***150.00

0310876 AY

DOCUMENT # F77405

1. Entity Name

INTERNATIONAL CUSTOMIZED SOFTWARE CO.

Principal Place of Business

Mailing Address

% JACQUES LEVIN

% JACQUES LEVIN

6411 NE 22ND AVE

6411 NE 22ND AVE

FT. LAUDERDALE FL 33308

FT. LAUDERDALE FL 33308

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2184545

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVIN, JACQUES**6411 NE 22ND AVE.****FT. LAUDERDALE FL 33308**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	DP			☐ Delete					☐ Change ☐ Addition
	LEVIN, JACQUES	6411 NE 22ND AVE	FT LAUDERDALE, FL 00000						
	VP			☐ Delete					☐ Change ☐ Addition
	LEVIN, MIENTJE	6411 NE 22ND AVE	FT LAUDERDALE, FL 00000						
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ 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 JACQUELE LEVIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/2002 (954) 262 4883

Date

Daytime Phone #

CR2E034 (9/01)