

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90115 010 ***150.00

DOCUMENT # F98000005448

1. Entity Name
M.I.S. SOLUTIONS, INC.

Principal Place of Business Mailing Address
4755 OCEANSIDE BLVD., STE 130 **4755 OCEANSIDE BLVD., STE 130**
OCEANSIDE CA 92056 **OCEANSIDE CA 92056**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **22-3518483** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FMC GROUP, INC.
2700 N. MILITARY TRAIL
SUITE 100
BOCA RATON FL 33431

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **DV** ☐ Delete
 NAME **MICHELIN, PAUL**
 STREET ADDRESS **2700 N. MILITARY TRAIL, SUITE 100**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **DPS** ☐ Delete
 NAME **PERETTY, JAMES**
 STREET ADDRESS **2700 N. MILITARY TRAIL, SUITE 100**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
 NAME **Michelin, Paul**
 STREET ADDRESS **2700 N. Military Trail Suite 100**
 CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE **DS** ☒ Change ☐ Addition
 NAME **Peretty, James**
 STREET ADDRESS **2700 N. Military Trail Suite 100**
 CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/2002 **561 241-3621**
 Date Daytime Phone #

CFR2E034 (9/01)