

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000013176

1. Entity Name  
INTEGRATED TECHNICAL SOLUTIONS, INC.

**FILED**  
**Sep 18, 2002 8:00 am**  
**Secretary of State**

09-18-2002 90049 033 \*\*\*550.00

Principal Place of Business

1121 FAIRLAKE TRACE  
#2404  
WESTON FL 33326

Mailing Address

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 267786

Suite, Apt. #, etc.

City & State

WESTON, FLORIDA

Zip

33326

Country

USA

4. FEI Number

65-0979624

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CABEZAS, PARIS A  
1121 FAIRLAKE TRACE #2404  
FORT LAUDERDALE FL 33326

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PT	CABEZAS, PARIS A	1121 FAIRLAKE TRACE #2404	WESTON FL 33326	<input type="checkbox"/>
VS	CABEZAS, LIGET	1121 FAIRLAKE TRACE, #2404	WESTON FL 33326	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PT	CABEZAS, PARIS A.	P.O. Box 267786	WESTON, FL 33326	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VS	CABEZAS, LISET	P.O. Box 267786	WESTON, FL 33326	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (9/01)

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: PARIS A. CABEZAS 9/1/2002 (305) 610-3618

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #