

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 12, 2001 8:00 am  
Secretary of State

03-12-2001 90424 011 \*\*\*150.00

DOCUMENT # P00000076341

1. Entity Name

CONIS INTERNATIONAL, INC.

Principal Place of Business

201 ALHAMBRA CIRCLE  
SUITE 711  
CORAL GABLES FL 33134

Mailing Address

201 ALHAMBRA CIRCLE  
SUITE 711  
CORAL GABLES FL 33134

2. Principal Place of Business

2625 EXECUTIVE PARK DR  
SUITE 5D

3. Mailing Address

2625 EXECUTIVE PARK DR  
SUITE 5D

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WESTON, FL

WESTON, FL

Zip 33331

Country USA

Zip 33331

Country USA

4. FEI Number

65-1043938

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAPPORT, STEPHEN R  
201 ALHAMBRA CIRCLE  
SUITE 711  
CORAL GABLES FL 33134

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, 2001 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 PD  
NAME SAIN, RAFAEL  
STREET ADDRESS 201 ALHAMBRA CIRCLE SUITE 711  
CITY-ST-ZIP CORAL GABLES FL 33134 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME SAIN, RAFAEL  
STREET ADDRESS 2625 EXECUTIVE PARK DR. - SUITE 5D  
CITY-ST-ZIP WESTON, FL, 33331 ☒ Change ☐ Addition

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/2001

954-817-7193

Date

Daytime Phone #

CR2E034 (10/00)