

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000048448****1. Entity Name**
IDENTITY SOLUTIONS, INC.**FILED**
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90146 048 ***150.00

Principal Place of Business
19260 E. COUNTRY CLUB DRIVE
AVENTURA FL 33180**Mailing Address**
19260 E. COUNTRY CLUB DRIVE
AVENTURA FL 33180**2. Principal Place of Business**
19655 E. Country Club Drive
Suite, Apt. #, etc.
101**3. Mailing Address**
P.O. Box 117
Suite, Apt. #, etc.**City & State**
Aventura FL
Zip
33180
Country**City & State**
Hollandale FL
Zip
33008
Country**4. FEI Number**
65-1123163☒ **Applied For**
☐ **Not Applicable****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****TOPOUZIS, THEODORE A**
450 N. PARK ROAD
SUITE 410
HOLLYWOOD FL 33021**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's 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** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOLGUIN, JOHN
19260 E. COUNTRY CLUB DRIVE
AVENTURA FL 33180 ☐ **Delete****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Delete****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Delete****TITLE**
NAME
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CITY-ST-ZIP ☐ **Delete****TITLE**
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STREET ADDRESS
CITY-ST-ZIP ☐ **Delete****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Delete****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****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**
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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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Date****Daytime Phone #**

4-26-02

CR2E034 (9/01)