


05-05-2003 90243 023 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P02000057011</b>			
1. Entity Name <b>IONESYS INTERNATIONAL, INC.</b>			
Principal Place of Business <b>201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134</b>		Mailing Address <b>201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FBI Number <b>76-0702163</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		Additional Fee Required <b>\$8.75</b>	
6. Name and Address of Current Registered Agent <b>RAPPORT, STEPHEN R 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL			
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed in printed name of registered agent and date if applicable. (NONE Registered Agent Signature required when submitting)</small> DATE _____			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS BY 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD TRANFA, FEDERICO 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.073(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 10 or Block 11 if changed, or on an attachment with appropriate, with all other like empowered.			
SIGNATURE: _____		DATE: <b>29/4/2003</b>	
<small>SIGNATURE AND TYPED PRINTED NAME OF BOARD OFFICER OR DIRECTOR</small>		<small>Date</small>	

90123562



CHECK HERE IF MAKING CHANGES

CAREBOOK (10/02)