

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/18/2003-90220-008-\$150.00-\$150.00 *
9/15/2003-90154-019-\$550.00-\$550.00

DOCUMENT # P02000121804

1. Entity Name
INTERGRATIVE SCIENCE MANAGEMENT, INC.



FILED
03 OCT 16 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7040 W. PALMETTO PL RD
2-554
BOCA RATON FL 33433
US

Mailing Address
7040 W. PALMETTO PARK RD
2-554
BOCA RATON FL 33433
US

2. Principal Place of Business

7040 W Palmetto Park Rd
Suite, Apt. #, etc.
4-171

3. Mailing Address

7040 W Palmetto Park Rd
Suite, Apt. #, etc.
4-171

City & State

Boca Raton FL
Zip 33433 Country Palm Beach

City & State

Boca Raton, FL
Zip 33433 Country Palm Beach

4. FEL Number

36-4512920

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KASTEN, SANDRA
7040 W. PALMETTO PARK RD
2-554
BOCA RATON FL 33433

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME Maribelle Aruyones
STREET ADDRESS 1701 NE 12th St
CITY-ST-ZIP Ft Lauderdale, FL 33304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 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

0-10-03

561-391-2073

Date

Daytime Phone #

CR2E034 (4/03)