

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000000364

1. Entity Name

MSI INTERNATIONAL, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90170 018 ***150.00

Principal Place of Business

10145 BROOKVILLE LANE
BOCA RATON FL 33428
US

Mailing Address

10145 BROOKVILLE LANE
BOCA RATON FL 33428
US

2. Principal Place of Business

3960 N. POWERLINE RD

3. Mailing Address

3960 N. POWERLINE RD

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

300

City & State

POMPANO BEACH FL

City & State

POMPANO BEACH FL

Zip

33073

Country

USA

Zip

33073

Country

USA

4. FEI Number

65-0570190

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVY, MARK
1130 S POWERLINE RD
DEERFIELD BCH FL 33442

7. Name and Address of New Registered Agent

Name

LEVY MARK

Street Address (P.O. Box Number is Not Acceptable)

3960 N. POWERLINE ROAD

SUITE 300

City

POMPANO BEACH

FL

Zip Code

33073

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 ☐ Delete
NAME D
STREET ADDRESS LEVY, MARK
CITY-ST-ZIP 1130 S. POWERLINE RD STE 103
DEERFIELD BCH FL 33442

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS LEVY MARK
CITY-ST-ZIP 3960 N. POWERLINE RD SUITE 300
POMPANO BEACH FL 33073

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

Date

Daytime Phone #

CR2E034 (10/00)