

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000061135

1. Entity Name

INTELLISOFT, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90077 047 ***150.00

Principal Place of Business

Mailing Address

8260 NW 27TH ST
STE 410
MIAMI FL 33122
US

8260 NW 27TH ST.
STE 410
MIAMI FL 33122-1906
US

2. Principal Place of Business

8280 NW 27 ST.

3. Mailing Address

8280 NW 27 ST

Suite, Apt. #, etc.

STE 515

Suite, Apt. #, etc.

STE 515

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33122

Country

US

Zip

33122

Country

US

6. Name and Address of Current Registered Agent

IBARRA, DOUGLAS R
8260 N.W. 27 STREET
SUITE #410
MIAMI FL 33122

4. FEI Number

65-0520830

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

IBARRA, DOUGLAS R

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

13767 NW 19 STREET

City

PEMBROKE PINES

FL

Zip Code

33028

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, 2000 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 PSD
NAME IBARRA, DOUGLAS R
STREET ADDRESS 8260 N.W. 27 STREET, #410
CITY-ST-ZIP MIAMI FL 33122 ☐ Delete

TITLE T
NAME IBARRA, TERRI L
STREET ADDRESS 8260 N.W. 27 STREET #410
CITY-ST-ZIP MIAMI FL 33122 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME IBARRA, DOUGLAS R
STREET ADDRESS 8280 NW 27 STREET, SUITE 515
CITY-ST-ZIP MIAMI, FL 33122 ☒ Change ☐ Addition

TITLE T
NAME IBARRA, TERRI L
STREET ADDRESS 8280 NW 27 STREET, SUITE 515
CITY-ST-ZIP MIAMI, FL 33122 ☒ Change ☐ Addition

TITLE V
NAME TRUMBLY, THOMAS M
STREET ADDRESS 8280 NW 27 STREET, SUITE 515
CITY-ST-ZIP MIAMI, FL 33122 ☐ Change ☒ Addition

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

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS IBARRA

Date

Daytime Phone #

1-19-2000 305-471-5111