## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P95000042879**

Country

\_CAHEN; STEPHEN ESO.\_

9. This corporation is eligible to satisfy its Intangible

VORNOTISKIY, MIKHAIL

HALL'ANDALE FL 33009

3140 S. OCEAN DR., #403

Tax filing requirement and elects to do so.

(See criteria on back)

8585 SUNSET DR. SUITE 75 MIAMI FL 33143

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

Ζiρ

SIGNATURE

11.

TITLE

NAME

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

DUE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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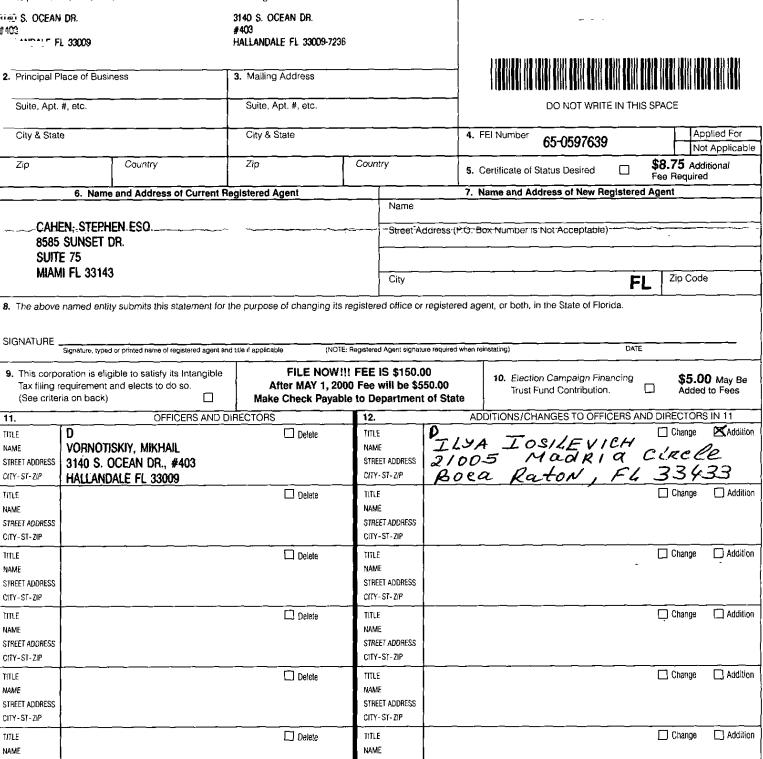
CITY-ST-7IP

## YOUR INFORMATION SYSTEMS CONSULTING, INC.

Principal Place of Business Mailing Address 3140 S. OCEAN DR. 可能 S. OCEAN DR. #403 \*\*\*\*\*\* FL 33009 HALLANDALE FL 33009-7236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

## FILED Apr 27, 2000 8:00 am Secretary of State

04-27-2000 90037 029 \*\*\*150.00



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.

CITY-ST-ZIP

Country

FILE NOW!!! FEE IS \$150.00

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12.

TITLE

NAME

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NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Name

City

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-00

Daytime Phone #