

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90100 042 ***150.00

DOCUMENT # P95000057072

1. Entity Name

Intelligence Systems, Inc

Principal Place of Business

2862 NW 72nd Ave
 Miami, FL 33122

Mailing Address

2862 NW 72nd Ave
 Miami, FL 33122

2. Principal Place of Business

3. Mailing Address

118 W. Orange St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Attamonte Springs FL

Zip

Country

Zip

Country

32714

4. FEI Number

65-0625855

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

00100040

6. Name and Address of Current Registered Agent

Filings, Inc.
 3732 NW 16th St.
 Ft. Lauderdale, FL 33311

7. Name and Address of New Registered Agent

Name: Anil Sharma
 Street Address (P.O. Box Number is Not Acceptable): 2862 NW 72nd Ave
 City: Miami FL Zip Code: 33122

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 

(NOTE: Registered Agent signature required when reinstating)

4/28/00
 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	<input type="checkbox"/> Delete
NAME	Anil Sharma	
STREET ADDRESS	2862 NW 72nd Ave	
CITY-ST-ZIP	Miami, FL 33122	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anil Sharma	
STREET ADDRESS	2862 NW 72nd Ave	
CITY-ST-ZIP	Miami FL 33122	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/28/00

Date

Daytime Phone #

CR2E034 (9/99)