## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P96000011357 Apr 27, 2000 08:00 AM **Secretary of State** INTRANET SYSTEMS TECHNOLOGY, INC. Principal Place of Business Mailing Address 5017 IBIS PLACE 5017 IBIS PLACE COCONUT CREEK COCONUT CREEK FL FL 33073 33073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0660819 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PIGNA 5017 IBIS PLACE Street Address (P.O. Box Number is Not Acceptable) COCONUT CREEK 33073 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. 04/27/2000 MARIO A. PIGNA Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Detete ☐ Change X Addition NAME PIGNA JUAN MMR STREET ADDRESS STREET ADDRESS 6504 IBIS WAY CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK 33073 TITLE ☐ Delete TITLE X Change ☐ Addition NAME NAME PIGNA MARIO PIGNA MARIO STREET ADDRESS 2150 NW 34TH TERRACE STREET ACCRESS 5017 IBIS PLACE CITY-ST-ZIF COCONUT CREEK FL. 33066 CITY-ST-718 COCONUT CREEK FT. 33073 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

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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.

NONATURE. HIANM DICNA