

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90068 012 ***150.00

DOCUMENT # P96000011357

1. Entity Name
INTRANET SYSTEMS TECHNOLOGY, INC.

Principal Place of Business
5017 IBIS PLACE
COCONUT CREEK FL 33073

Mailing Address
5017 IBIS PLACE
COCONUT CREEK FL 33073

2. Principal Place of Business
6504 IBIS WAY
 Suite, Apt. #, etc.

3. Mailing Address
6504 IBIS WAY
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
COCONUT CREEK, FL.
 Zip
33073
 Country
USA

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COCONUT CREEK, FL.
 Zip
33073
 Country
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4. FEI Number **65-0660819** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIGNA, MARIO A
5017 IBIS PLACE
COCONUT CREEK FL 33073

Name **JUAN M. PIGNA**
 Street Address (P.O. Box Number is Not Acceptable)
6504 IBIS WAY
 City **COCONUT CREEK** 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 **JUAN M. PIGNA** DATE **04/15/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIGNA, MARIO A 5017 IBIS PLACE COCONUT CREEK FL 33073 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIGNA, JUAN M MR 6504 IBIS WAY COCONUT CREEK FL 33073 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **JUAN M. PIGNA** DATE **04/15/01** DAYTIME PHONE # **954-596-0257**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)