

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000031183**
 1. Entity Name
INTEGRATED COMPUTER SOLUTIONS
CONSULTANTS, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90195 001 ***150.00

Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address
13485 SW 27TH ST **30533 BISCAYNE BLVD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
PMB N-333

City & State City & State
MIAMI, FLA **AVENUE, FLA**
 Zip Country Zip Country
33172 USA **33180 USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0683053** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
HELLER + BARNETT
1214 N. UNIVERSITY DR
PLANTATION, FL 33322

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.
 SIGNATURE **WAYNE JAHN** DATE **2/7/00**
Signature, word 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. ☐
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 ☐ **\$5.00** May Be Added to Fees
 Trust Fund Contribution

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	WAYNE JAHN
STREET ADDRESS	3610 YACHT CLUB DR #1212
CITY-ST-ZIP	AVENUE, FL
TITLE	<input type="checkbox"/> Delete
NAME	LUIS SUAREZ
STREET ADDRESS	13485 SW 27TH ST
CITY-ST-ZIP	MIAMI, FL 33172
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	<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	
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: **WAYNE JAHN** DATE **2/7/00** (305) 9336742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)