

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 21, 2001 08:00 AM
Secretary of State

DOCUMENT # P96000051123

1. Entity Name
 INTEGRATED COMPUTER SOLUTIONS CONSULTANTS, INC.

Principal Place of Business
 13485 S.W. 27TH STREET
 MIAMI FL 33172 US

Mailing Address
 20533 BISCAYNE BLVD
 PMB N-333
 AVENTURA FL 33180 US

2. Principal Place of Business
 3610 YACHT CLUB
 Suite, Apt. #, etc.
 1212

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 AVENTURA FL

City & State

Zip Country
 33180 US

4. FEI Number
65-0683053

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
HELLER & BARNETT
 1214 N. UNIVERSITY DRIVE
 PLANTATION FL 33322 US

7. Name and Address of New Registered Agent
 Name
ICSC
 Street Address (P.O. Box Number is Not Acceptable)
3610 YACHT CLUB DR
 1212
 City
AVENTURA FL Zip Code
33180

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 K. JAHN DATE 01/21/2001
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUAREZ LUIS A 13485 SW 27TH ST MIAMI FL 33172 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAHN WAYNE K 3610 YACHT CLUB DR. APT 1212 AVENTURA FL <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUAREZ LUIS A 20533 BISCAYNE BLVD N-333 AVENTURA FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAHN WAYNE K 3610 YACHT CLUB DR. APT 1212 AVENTURA FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Wayne K. Jahn D DATE 01/21/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)