

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90649 001 \*\*\*300.00

**DOCUMENT # P96000057798**

1. Entity Name

**INTEGRATED TECHNOLOGY SYSTEMS, INC.**

Principal Place of Business

Mailing Address

**890 South Dixie Highway  
 Coral Gables, FL 33146**

**890 South Dixie Highway  
 Coral Gables, FL 33146**

2. Principal Place of Business

**1500 San Remo Ave.**

Suite, Apt. #, etc.

**Suite 300**

City & State

**Miami, FL**

Zip

**33146**

Country

**USA**

3. Mailing Address

**1500 San Remo Ave.**

Suite, Apt. #, etc.

**Suite 300**

City & State

**Miami, FL**

Zip

**33146**

Country

**USA**

4. FEI Number

**65-0725585**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

**4218**

6. Name and Address of Current Registered Agent

**SCHREIBER, GERHARDT A.  
 2222 Ponce de Leon Blvd.  
 Penthouse STE  
 Coral Gables, Florida 33134**

7. Name and Address of New Registered Agent

Name

**Mary Lou Rodon Alvarez**

Street Address (P.O. Box Number is Not Acceptable)

**2222 Ponce de Leon Blvd. Penthouse Suite**

City

**Coral Gables**

FL

Zip Code

**33134**

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**May 9, 2001**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>AVINO, JOAQUIN G.</b>	
STREET ADDRESS	<del>5960 SW 57th Ave.</del>	
CITY-ST-ZIP	<del>Miami, FL 33143</del>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>ALVAREZ, JULIO E.</b>	
STREET ADDRESS	<del>5960 SW 57th Ave.</del>	
CITY-ST-ZIP	<del>Miami, FL 33143</del>	
TITLE	<del>VP</del>	<input type="checkbox"/> Delete
NAME	<b>WOLFBERG, DAVID A.</b>	
STREET ADDRESS	<del>5960 SW 57th Ave.</del>	
CITY-ST-ZIP	<del>Miami, FL 33143</del>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1500 San Remo Ave., Suite 300</b>	
CITY-ST-ZIP	<b>CORAL GABLES FLORIDA 33146</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1500 San Remo Ave., Suite 300</b>	
CITY-ST-ZIP	<b>CORAL GABLES FLORIDA 33146</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1500 San Remo Ave., Suite 300</b>	
CITY-ST-ZIP	<b>CORAL GABLES FLORIDA 33146</b>	
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

**5-10-01 (305)666-5474**

Date

Daytime Phone #

CR2E034 (1/1/00)