2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000078755**

MODERN SYSTEMS INTERNATIONAL, INC.

AMERILAWYER CHARTERED

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

343 ALMERIA AVENUE CORAL GABLES FL 33134

SIGNATURE

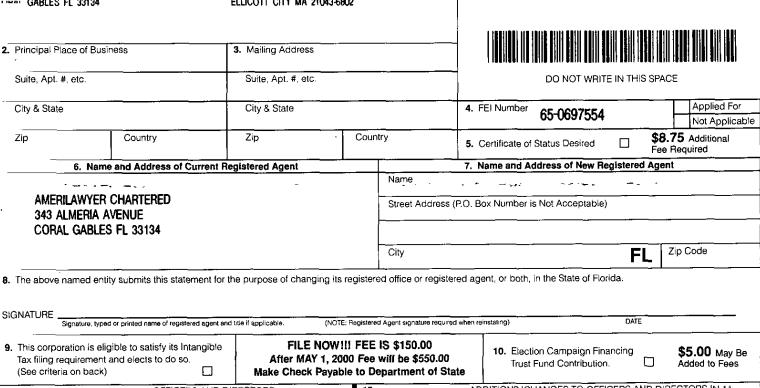
Principal Place of Business Mailing Address - ALMERIA AVENUE 4694 BEACHWOOD ELLICOTT CITY MA 21043-6802 · Par GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country

6. Name and Address of Current Registered Agent

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

FILED May 23, 2000 8:00 am Secretary of State

05-23-2000 90246 004 ***150.00



Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change Addition ☐ Delete TITLE TITLE MCDONAUGH, THOMAS J NAME STREET ADDRESS STREET ADDRESS 343 ALMERIA AVENUE CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Addition TITLE ☐ Delete TISCHLER, ROMA H NAME NAME STREET ADDRESS STREET ADDRESS 343 ALMERIA AVENUE CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Name

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 NA