

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000090003

1. Entity Name

INTERNATIONAL TELECOMMUNICATION SYSTEMS, INC.

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90015 007 \*\*\*150.00

Principal Place of Business

855 S. FEDERAL HWY  
STE 215  
BOCA RATON FL 33432  
US

Mailing Address

855 S. FEDERAL HWY  
STE 215  
BOCA RATON FL 33432-6133  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0709585

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

IVESDAL, JOYCE S  
1170 S.W. 21ST LANE  
SUITE 801  
BOCA RATON FL 33486

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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	PCEO	<input type="checkbox"/> Delete
NAME	RAMIREZ, ANGEL E	
STREET ADDRESS	855 S. FED. HWY / STE 215	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	ST	<input type="checkbox"/> Delete
NAME	IVESDAL, JOYCE S	
STREET ADDRESS	1170 S.W. 21ST LANE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPCF	<input type="checkbox"/> Delete
NAME	IRONS, M. SCOTT	
STREET ADDRESS	5540 SW 2 COURT	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	C	<input type="checkbox"/> Delete
NAME	IVESDAL, TRYGVE A	
STREET ADDRESS	1170 SW 21 LANE	
CITY-ST-ZIP	BOCA RATON FL	
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)(f), Florida Statutes, and 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

M. SCOTT IRONS

1/24/00

Date

561-338-9977

Daytime Phone #

CR2E034 (9/99)