## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # P97000022196 Aug 11, 2000 8:00 am Secretary of State INTERNATIONAL LIGHTING SYSTEMS, INC. 08-11-2000 90001 049 \*\*\*550.00 Principal Place of Business Mailing Address 1300 CORAL/WAY 1390 CORAL WAY 2. Principal Place of Business 3. Mailing Address P.O. BOX 142-6151 P.O. BOX 142-6151 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SAN JOSE City & State 4. FEI Number Applied For 65-0733928 TOSE SÁN Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired RICA COSTA COSTA RICA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LO PEZ Josefa Zip Code 193 $M \mid A \mid M \mid$ 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 **GIGNATURE** (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. JORGE MENDEZ ☐ Change Delete TITLE PELLEGRINO, FABRICE NAME NAME P.O. BOX 142-6151 1184 DAVE ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP JOSE , COSTA CITY-ST-ZIP <u> LAVAL (CAMADI</u> Addition Change TITLE Delete TITI F GLENN SERRANO PINO. WILLIAM & NAME NAME 142-6151 P.O. BOX STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAN JOSE, COSTA CITY-ST-ZIP Delete TITLE Change **Addition** TITI F A. LOPEZ JOSE FA NAME NAME 142- 6151 STREET ADDRESS STREET ADDRESS P.O. BOX J05E CITY-ST-ZIP CITY-ST-ZIP COSTA ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

REGISTERED