

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000073526

FILED
Mar 14, 2003
Secretary of State

Entity Name: ENTERPRISE INTEGRATION CONSULTANTS, INC.

Current Principal Place of Business:

6176 AMBERWOODS DRIVE
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

6176 AMBERWOODS DRIVE
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 65-0777535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 333114132 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LYNCH, MICHAEL PETER
Address: 6176 AMBERWOODS DRIVE
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: LEE, CHIN S
Address: 10322 LOLLIPOP LN
City-St-Zip: ORLANDO, FL 32821

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LEE, CHIN SHU
Address: 7686 SOLIMAR CIR
City-St-Zip: BOCA RATON, FL 33433

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHIN SHU LEE

D

03/14/2003

Electronic Signature of Signing Officer or Director

_____ Date