

**'2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000001905**

1. Entity Name

**MICROSULIS CORPORATION****FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90159 048 \*\*\*150.00

Principal Place of Business

**701 BRICKELL AVE.  
SUITE 2000  
MIAMI FL 33131**

Mailing Address

**9840 W SUBURBAN DR  
MIAMI FL 33156-1927**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number **65-0825184**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CROLAND, LESLIE J  
200 SO BISCAYNE BLVD  
STEEL HECTOR L DAVIS LLP  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

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	PD	<input type="checkbox"/> Delete
NAME	ADDLESON, JOHN	
STREET ADDRESS	PASODORA PLACE SMITH RD	
CITY-ST-ZIP	GRAND CAYMAN BWI	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	FINCH, MARCUS E	
STREET ADDRESS	309 PETERS ST APT B	
CITY-ST-ZIP	ATLANTA GA 30313	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTTERS, BRIAN	
STREET ADDRESS	11 STRATFIELD PARK	
CITY-ST-ZIP	WATERLOOVILLE HAMPSHIRE UK	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROLAND, LESLIE J	
STREET ADDRESS	9840 W SUBURBAN DR	
CITY-ST-ZIP	MIAMI FL 33156	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	901 NW 124 Avenue	
CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	26 Oaks Coppice	
CITY-ST-ZIP	Waterlooville Hampshire PO8 9QR UK	
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

Date

Daytime Phone #

*Leslie J. Croland* **1/10/00** **305.577.7095**

CR2E034 (9/99)