

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000001905

1. Entity Name
MICROSULIS CORPORATION

Principal Place of Business

701 BRICKELL AVE.
SUITE 2000
MIAMI FL 33131

Mailing Address

9840 W SUBURBAN DR
MIAMI FL 33156

2. Principal Place of Business
One E. Broward Blvd.

Suite, Apt. #, etc.
Suite 100

City & State

Ft. Lauderdale, FL

Zip
33301

Country
USA

3. Mailing Address
One E. Broward Blvd.

Suite, Apt. #, etc.

Suite 100

City & State

Ft. Lauderdale, FL

Zip
33301

Country
USA

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2001 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 ☐ Delete
NAME ADDLESON, JOHN
STREET ADDRESS PASODORA PLACE SMITH RD
CITY-ST-ZIP GRAND CAYMAN BWI

TITLE VPSD ☐ Delete
NAME FINCH, MARCUS E
STREET ADDRESS 901 NW 124 AVE
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE D ☐ Delete
NAME BUTTERS, BRIAN
STREET ADDRESS 26 OAKS COPPICE
CITY-ST-ZIP WATERLOOVILLE HAMPSHIRE UK PO8- 9QR

TITLE D ☐ Delete
NAME CROLAND, LESLIE J
STREET ADDRESS 9840 W SUBURBAN DR
CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Leslie J. Croland, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01
Date

305.577.7095
Daytime Phone #

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90062 010 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)