

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90191 030 ***550.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000001905

1. Entity Name
MICROSULIS CORPORATION

Principal Place of Business

ONE E BROWARD BLVD
SUITE 100
FORT LAUDERDALE FL 33301
US

Mailing Address

ONE E BROWARD BLVD
SUITE 100
FORT LAUDERDALE FL 33301
US

2. Principal Place of Business

33 River View Heights
 Suite, Apt. #, etc.

3. Mailing Address

33 River View Heights
 Suite, Apt. #, etc.

City & State

Sioux Falls, SD 57105

City & State

Sioux Falls, SD 57105

4. FEI Number

65-0825184

Applied For

Not Applicable

Zip

57105

Country

U.S.

Zip

57105

Country

U.S.

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

Corporation Service Company

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

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301

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 **NOTE: change of registered agent form filed in March 2002**

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, 2002 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 ☐ Delete
NAME **PD**
STREET ADDRESS **ADDLESON, JOHN**
CITY-ST-ZIP **PASODORA PLACE SMITH RD**
GRAND CAYMAN BWI

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

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

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

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NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/05/02 **1954)255-3738**
 Date Daytime Phone #

CR2E034 (9/01)