

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State
 02-26-2001 90531 001 ***150.00

DOCUMENT # P98000021953

1. Entity Name

INTEGRATED SYSTEMS & NETWORK SOLUTIONS, INC.

Principal Place of Business

~~C/O FEINSOD & ASSOC. PA~~
~~12169 SHERIDAN ST~~
~~COOPER CITY FL 33026~~

Mailing Address

C/O FEINSOD & ASSOC. PA
 12169 SHERIDAN ST
 COOPER CITY FL 33026

Integrated Systems & Network Solutions, Inc.

2. Principal Place of Business

6227 SW 26 Street
 Suite, Apt. #, etc.

3. Mailing Address

6227 SW 26 Street
 Suite, Apt. #, etc.

City & State

Miramar, FL

City & State

Miramar, FL

Zip

33023

Country

US

Zip

33023

Country

US

4. FEI Number **65-0817310**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHN, PERSICO

~~C/O FEINSOD~~

~~12169 SHERIDAN ST~~

~~COOPER CITY FL 33026~~

Name

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

6227 SW 26 Street

City

MIRAMAR

FL

Zip Code

33023

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]

John Persico

2-17-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PERSICO, JOHN	
STREET ADDRESS	% FENSOD, INC.- 12169 SHERIDAN ST	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE	D	<input type="checkbox"/> Delete
NAME	VIDAL, CARLOS	
STREET ADDRESS	% FENSOD, INC.- 12169 SHERIDAN ST	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Persico	
STREET ADDRESS	6227 SW 26 Street	
CITY-ST-ZIP	MIRAMAR, FL 33023	
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		
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]

John Persico

2-17-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)