

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026230

1. Entity Name

IS GLOBAL, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90025 045 ***150.00

Principal Place of Business

Mailing Address

2545 SOUTH BAYSHORE DRIVE #109
 COCONUT GROVE FL 33133

2545 SOUTH BAYSHORE DRIVE #109
 COCONUT GROVE FL 33133-4701

2. Principal Place of Business

3. Mailing Address

2355 Salzedo Street

2355 Salzedo Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 209

Suite 209

City & State

City & State

Coral Gables, FL

Coral Gables, FL

Zip

Country

Zip

Country

33134

US

33134

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0820566

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

WARE, NICHOLAS
 2545 SOUTH BAYSHORE DRIVE #109
 COCONUT GROVE FL 33133

Name

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

219 Anne Bonny Dr

City

Key Largo

FL

Zip Code

33037

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

Nicholas Ware

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

18 April 2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	WARE, NICHOLAS	2545 SOUTH BAYSHORE DRIVE #109	COCONUT GROVE FL 33133	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Nicholas Ware

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 April 2000

Date

305-445-5566

Daytime Phone #

CR-1 (12-99)