

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 27, 2001 8:00 am**  
**Secretary of State**

07-27-2001 90001 031 \*\*\*550.00

**DOCUMENT # P98000034076**

1. Entity Name

**INFORMATION STRATEGIC SOLUTIONS, INC.**

Principal Place of Business

**1121 WATERSIDE LANE  
 HOLLYWOOD FL 33019**

Mailing Address

**1121 WATERSIDE LANE  
 HOLLYWOOD FL 33019**

2. Principal Place of Business

**2965 NE 185 St**

Suite, Apt. #, etc.

**#1514**

3. Mailing Address

**2965 NE 185 St**

Suite, Apt. #, etc.

**#1514**

City & State

**AVENTURA, FL**

City & State

**AVENTURA, FL**

4. FEI Number

**65-0840613**

Applied For

Not Applicable

Zip

Country

**33180 USA**

Zip

Country

**33180 USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**LOIZZO, A.**

**1121 WATERSIDE LANE  
 HOLLYWOOD FL 33019**

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

*A. Loizzo* / **A. LOIZZO**

**7/10/2001**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 **P** ☐ Delete  
 NAME **LOIZZO, A**  
 STREET ADDRESS **1121 WATERSIDE LANE**  
 CITY-ST-ZIP **HOLLYWOOD FL 33014**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 **P.** ☒ Change ☐ Addition  
 NAME **LOIZZO, A**  
 STREET ADDRESS **2965 NE 185 St #1514**  
 CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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 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

**7/10/2001** **305**  
**525-5507**

Date

Daytime Phone #

CR2E034 (5/01)