

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2000 08:00 AM  
Secretary of State

DOCUMENT # P98000039288

1. Entity Name

INTERNATIONAL MICROSYSTEMS, INC.

Principal Place of Business

3320 NW 183RD ST

MIAMI  
33056

FL

Mailing Address

3320 NW 183RD ST

MIAMI  
33056

FL

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0837214

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILLIAMS SIMON  
3320 NW 183RD ST

MIAMI  
33056

FL

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 **SIMON WILLIAMS**

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

(NOTE: Registered Agent signature required when reinstating)

05/01/2000

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, 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

TITLE D ☐ Delete  
NAME WILLIAMS FRANCENE  
STREET ADDRESS 3320 NW 183RD ST  
CITY-ST-ZIP MIAMI FL 33056

TITLE D ☐ Delete  
NAME WILLIAMS CHIMENE  
STREET ADDRESS 3320 NW 183ST  
CITY-ST-ZIP MIAMI FL 33056

TITLE D ☐ Delete  
NAME JEAN ULRICK  
STREET ADDRESS 3320 NW 183RD ST  
CITY-ST-ZIP MIAMI FL 33056

TITLE D ☐ Delete  
NAME WILLIAMS WILLY  
STREET ADDRESS 1156 SW 121 AVE  
CITY-ST-ZIP PEMBROKES PINES FL 33025

TITLE D ☐ Delete  
NAME WILLIAMS SIMON  
STREET ADDRESS 3320 NW 183RD ST  
CITY-ST-ZIP MIAMI FL 33056

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

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

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: Simon Williams

D

05/01/2000