

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078992

1. Entity Name

INFORMATION SYSTEMS SOLUTIONS GROUP CORP.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90358 013 \*\*\*150.00

Principal Place of Business

8910 CARLYLE AVENUE  
SURFSIDE FL 33154

Mailing Address

8910 CARLYLE AVENUE  
SURFSIDE FL 33154-3357

2. Principal Place of Business

13500 N. Kendall Dr

3. Mailing Address

13500 N. Kendall Dr.

Suite, Apt. #, etc.

Suite 215

Suite, Apt. #, etc.

Suite 215

City & State

Miami, FL 33186

City & State

Miami, FL 33186

Zip

Country

33186

Zip

Country

33186



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0865581

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

DAVIDOW, BRIAN A  
8910 CARLYLE AVE.  
SURFSIDE FL 33154

Name

Brian A. Davidow

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

13500 N. Kendall Drive

Suite 215

City

Miami

FL

Zip Code

33186

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 Brian A. Davidow, President

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

(NOTE: Registered Agent signature required when reinstating)

4/28/00

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 PD ☐ Delete  
NAME DAVIDOW, BRIAN A  
STREET ADDRESS 8910 CARLYLE AVENUE  
CITY-ST-ZIP SURFSIDE FL 33154

TITLE STD ☐ Delete  
NAME DAVIDOW, PATRICIA  
STREET ADDRESS 8910 CARLYLE AVENUE  
CITY-ST-ZIP SURFSIDE FL 33154

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 PD ☒ Change ☐ Addition  
NAME Brian A. Davidow  
STREET ADDRESS 13500 N. Kendall Drive Suite 215  
CITY-ST-ZIP Miami, FL 33186

TITLE STD ☒ Change ☐ Addition  
NAME Patricia Davidow  
STREET ADDRESS 13500 N. Kendall Drive Suite 215  
CITY-ST-ZIP Miami, FL 33186

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian A. Davidow 4/28/00

Date

Daytime Phone #

305-385-4141

CR2E034 (1/99)