

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000017028

FILED
Mar 18, 2002 8:00 AM
Secretary of State

Entity Name: MISA, INC.

Current Principal Place of Business:

6900 SOUTH ORANGE BLOSSOM TRAIL #432
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

6900 SOUTH ORANGE BLOSSOM TRAIL #432
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 59-3569526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINEOLA CONSULTING
6900 S ORANGE BLOSSOM TRAIL
#432
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

SOPHIE BOUCHENOT
6900 S ORANGE BLOSSOM TRAIL
#432
ORLANDO, FL 32809 US

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: SOPHIE BOUCHENOT

03/18/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so ().

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WEULERSSE, ISABELLE
Address: 6900 SOUTH ORANGE BLOSSOM TRAIL #432
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WEULERSSE, ISABELLE

MRS

03/18/2002

Electronic Signature of Signing Officer or Director

Date