

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/15

FILED

Jun 21, 2000 8:00 am  
Secretary of State

05-15-2000 90182 012 \*\*\*150.00

DOCUMENT # P99000020793

1. Entity Name

INTERNATIONAL SERVICES INSTITUTE, INC.

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Principal Place of Business ST. ANDREW DRIVE FL 33015	Mailing Address 6810 ST. ANDREW DRIVE MIAMI FL 33015-2328
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2. Principal Place of Business 330 Biscayne Blvd Suite, Apt. #, etc. 801	3. Mailing Address 330 Biscayne Blvd Suite, Apt. #, etc. 801
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City & State Miami - FL	City & State Miami - FL
Zip 33132	Zip 33132
Country USA	Country USA

4. FEI Number 65-0922104	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LEMARIE, GHISLAIN R 6810 ST. ANDREW DRIVE MIAMI FL 33015
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7. Name and Address of New Registered Agent Name Thierry Sparfel Street Address (P.O. Box Number is Not Acceptable) 330 Biscayne Blvd Suite 801 City Miami FL Zip Code 33132
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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 <i>Thierry Sparfel</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE March 23-00
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT SPARFEL, THIERRY 6810 ST. ANDREW DRIVE MIAMI FL 33015 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS LEMARIE, GHISLAIN R 5040 SW 66TH AVENUE MIAMI FL 33155 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5040 SW 65 Th Ave MIAMI FL 33155 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Thierry Sparfel</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE March 23-00	DAYTIME PHONE # (305) 321-9629
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CR2E034 (9/99)