

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90166 026 ***150.00

DOCUMENT # P99000035354

1. Entity Name
INTEGRATED BUSINESS SOLUTIONS, INC.



Principal Place of Business
17673 SW 32ND ST
MIRAMAR, FL 33029

Mailing Address
17673 SW 32ND ST
MIRAMAR, FL 33029

2. Principal Place of Business
4603 SW 185 Ave.

3. Mailing Address
4603 SW 185 Ave



CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.
N/A

Suite, Apt. #, etc.
N/A

City & State
Miramar, FL

City & State
Miramar, FL

4. FEI Number
65-0912212

Applied For
 Not Applicable

Zip
33029

Country
Broward

Zip
33029

Country
Broward

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

SENTI, MOISES
17673 SW 32ND ST
MIRAMAR, FL 33029

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

City **Miramar** **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent Signature Required when electing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$500.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **D**
STREET ADDRESS **SENTI, MOISES**
CITY-ST-ZIP **17673 SW 32ND ST**
MIRAMAR, FL 33029

TITLE Change Addition
NAME **President**
STREET ADDRESS **Moises Senti**
CITY-ST-ZIP **4603 SW 185 Ave.**
Miramar, FL 33029

TITLE Delete
NAME **T**
STREET ADDRESS **SENTI, ANGIE**
CITY-ST-ZIP **17673 SW 32ND ST**
MIRAMAR, FL 33029

TITLE Change Addition
NAME **Treasurer**
STREET ADDRESS **Angie Senti**
CITY-ST-ZIP **4603 SW 185 Ave.**
Miramar, FL 33029

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Moises Senti **Moises Senti** **3/28/03** **(954) 436-7928**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Contact Phone #

CR2E034 (10/02)