

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91041 020 ***150.00

DOCUMENT # P99000056481



1. Entity Name
INTERNATIONAL SUMMIT SERVICES, INC.

Principal Place of Business
9050 PINES BLVD.
SUITE 450-F
PEMBROKE PINES FL 33024

Mailing Address
9050 PINES BLVD.
SUITE 450-F
PEMBROKE PINES FL 33024

2. Principal Place of Business
4141 NE 2 AVENUE
Suite, Apt. #, etc.
105-C

3. Mailing Address
Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State

Zip
33137
Country
USA

Zip
Country

4. FEI Number
65-0930187

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, DON P.A.
9050 PINES BLVD.
SUITE 450-F
PEMBROKE PINES FL 33024

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. 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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD
NAME
MEDINA, ALVARO
STREET ADDRESS
9050 PINES BLVD. SUITE 450-F
CITY-ST-ZIP
PEMBROKE PINES FL 33024

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**

TITLE
VPSD
NAME
MEDINA, JUAN CARLOS
STREET ADDRESS
9050 PINES BLVD. SUITE 450-F
CITY-ST-ZIP
PEMBROKE PINES FL 33024

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ **Delete**

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☐ **Change** ☐ **Addition**

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☐ **Change** ☐ **Addition**

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☐ **Delete**

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☐ **Change** ☐ **Addition**

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 an other like empowered.

SIGNATURE:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/04/03

Date

305/523 2288

Daytime Phone #

CR2E034 (10/02)