

2000 UNIFORM BUSINESS REPORT (UBR)

1/26.

FILED
May 11, 2000 8:00 am
Secretary of State

01-26-2000 90009 041 ***150.00

DOCUMENT # P99000068679
 1. Entity Name
INTERNET SOLUTIONS INTERACTIVE, INC.

| | |
|---|--|
| Principal Place of Business 475 RAMBLEWOOD DRIVE CORAL SPRINGS FL 33071 | Mailing Address 475 RAMBLEWOOD DRIVE CORAL SPRINGS FL 33071-7195 |
|---|--|



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 3. Mailing Address Suite, Apt. #, etc. City & State Zip |
|--|--|

4. FEI Number **65-0940310** Applied For Not Applied
 5. Certificate of Status Desired \$8.75 Additional Fee Required

| | |
|---------|---------|
| Country | Country |
|---------|---------|

6. Name and Address of Current Registered Agent
DOTAN, RONEN
2647 NW 33 ST #2314
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent
 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.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT RONEN DOTAN 2647 NW 33 ST #2314 FT LAUD FL 33309 | <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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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)(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: **RONEN DOTAN** Date **1/19/00** Daytime Phone # **954 3401195**