

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 8:00 am**
Secretary of State

04-25-2001 90061 050 ***150.00

DOCUMENT # P99000072949

1. Entity Name

INFORMATION SYSTEMS & SOLUTIONS INC.

Principal Place of Business

~~6851 CYPRESS RD. #12~~
PLANTATION FL 33317

Mailing Address

~~6851 CYPRESS RD. #12~~
PLANTATION FL 33317**B0037051**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5601 SW 4th ST

Suite, Apt. #, etc.

3. Mailing Address

5601 SW 4th ST

Suite, Apt. #, etc.

City & State

PLANTATION FL

City & State

PLANTATION FL

4. FEI Number

65-0944070

Applied For

Not Applicable

Zip

33317

Country

USA

Zip

33317

Country

USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SVERAK, JOSEPH J JR
~~**6851 CYPRESS RD. #12**~~
~~**PLANTATION FL 33317**~~

7. Name and Address of New Registered Agent

Name

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

5601 SW 4th ST.

City

PLANTATION**FL**

Zip Code

33317

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 _____

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

(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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P			
	SVERAK, JOSEPH J			
	6851 CYPRESS RD. #12			
	PLANTATION FL 33317			
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		5601 SW 4th ST		
		PLANTATION FL 33317		
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph J Sverak Jr President 4/17/01

Date

Daytime Phone #

CR2E034 (10/00)