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Date

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085527 Aug 22, 2000 8:00 am Secretary of State INTERNET ENGINEERING SYSTEMS, INC. 08-02-2000 90151 039 ***550.00 Mailing Address Principal Place of Business 10820 NW 46TH DR. 10820 NW 46TH DR. CORAL SPRINGS FL 33076-2133 CORAL SPRINGS FL 33076 2. Principal Place of Business 3. Mailing Address /JT St III NG BUSE Suite, Apt. #, etc. Suite, Apt. #, etc. 913 913 4. FEI Number 65-095357 Applied For City & State City & State Miami M Not Applicable Miani Country \$8.75 Additional Country ^{Zip}33132 5. Certificate of Status Desired Dade Fee Required Daae -7.- Name and Address of New Registered Agent 6."Name and Address of Current Registered Agent matthew PISOn FRIEDBERG, RICHARD D Street Address (P.O. Box Number is Not Acceptable) 10820 NW 46TH DR. 4155 NW5m drive CORAL SPRINGS FL 33076 Zin Code 33442 beerfield Beach 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Change Delete TITLE TITLE NAME FRIEDBERG, RICHARD D STREET ADDRESS STREET ADDRESS 10820 NW 46TH DR. CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33076 Change ☐ Addition ☐ Delete TITLE PO BOX 1688 NAME NAME PISONI, MATTHEW C STREET ADDRESS PTLasdedde PL 33302 STREET ADDRESS 4155 NW 5TH DR. CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 22055 Artelition □ Delete THE TITLE Sheldon Enedber NAME . NAME ___ 1212 Camellia Lare STREET ADDRESS STREET ADDRESS WEJIM. PL 33326 CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Celete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this tripe 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: