

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90098 025 ***550.00

DOCUMENT # P99000085527

1. Entity Name
INTERNET ENGINEERING SYSTEMS, INC.

Principal Place of Business

13790 NW 4TH ST.
 SUITE 111
 SUNRISE FL 33325

Mailing Address

13790 NW 4TH ST.
 SUITE 111
 SUNRISE FL 33325



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

4. FEI Number **65-0953568**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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 **(CORRECTION)**

PISON, MATHEW
4155 NW 5TH DRIVE
DEERFIELD BEACH FL 33442

Name

PILONE, MATTHEW

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

13790 NW 4TH STREET

SUITE 111

SUNRISE, FL

Zip Code

33325

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

SEP. 9, 2002

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PISONI, MATTHEW C**
 CITY-ST-ZIP **4155 NW 5TH DRIVE**
DEERFIELD BEACH FL 22055

TITLE ☒ Change ☐ Addition
 NAME **PILONE, MATTHEW C**
 STREET ADDRESS **13790 NW 4TH STREET SUITE 111**
 CITY-ST-ZIP **SUNRISE, FL 33325**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **FRIEDBERG, SHELLY**
 CITY-ST-ZIP **2490 EAGLE RUN DR**
WESTON FL 33327

TITLE ☒ Change ☐ Addition
 NAME **FRIEDBERG, SHELLY**
 STREET ADDRESS **13790 NW 4TH STREET, SUITE 111**
 CITY-ST-ZIP **SUNRISE, FL 33325**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEP. 9, 2002 **STY-670-0444**

Daytime Phone #

CR2E034 (4/02)