

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90071 008 ***150.00

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
P.O. Box 1688
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1688
Suite, Apt. #, etc.

City & State
FT. LAUDERDALE, FL
Zip
33302
Country
USA

City & State
FT. LAUDERDALE, FL
Zip
33302
Country
USA

4. FEI Number **65-0953568**

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

PISONI, MATHEW
13790 NW 4TH STREET
SUITE 111
SUNRISE FL 33325

7. Name and Address of New Registered Agent

Name
PISONI, MATTHEW
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**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **PISONI, MATTHEW C**
STREET ADDRESS **13790 NW 4TH STREET SUITE 111**
CITY-ST-ZIP **SUNRISE FL 33325**

TITLE **D** ☐ Delete
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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/2003
Date

954-838-9822
Daytime Phone #

CR2E034 (10/02)