2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address 7501 MARSH COVE

DOCUMENT # \$20063

1. Entity Name

7501 MARSH COVE

SIGNATURE:

Principal Place of Business

INTERNATIONAL STRATEGIC CONSULTANTS CORP.

PALM BEACH GARDENS FL 33418 US				WEST PALM BEACH FL 33418-7522 US					1 (188) 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188	HON BIDI	ALDIS BIBIL DIĞI	1 8/1 /6 13 9 1
2. Principal Place of Business			3.	3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.					DO NOT WRITE IN	I THIS SI	PACE	
City & State				City & State				4. FEI Number 65-0234563 Applied For Not Applicable				
Zip	Zip Country			Zip	Coun	try	5. Certificate of Status Desir			ed S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
COPROLITE CORPORATION 2130 SUNTRUST INTERNATIONAL CENTER STE 1400 MIAMI FL 33131						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 regist						ed office or	registered	age	ent, or both, in the State of Florida			
CIONATURE												
SIGNATURE	Signature, typed	or printed name of registered age	ent and title	if applicable. (NOTE	. Registere	d Agent signati	re required wh	en reir	nstating)	DATE		
Tax filing requirement and elects to do so. After M					ILE NOW!!! FEE IS \$150.00 MAY 1, 2000 Fee will be \$550.00 eck Payable to Department of Sta				 Election Campaign Finance Trust Fund Contribution. 	ing		May Be to Fees
11.		OFFICERS AN	D DIRE	CTORS	12.			ADI	DITIONS/CHANGES TO OFFICE			S IN 11
TITLE NAME STREET ADDRESS	ST MEYER, F 421 PRES	☐ Delete	TITLI NAM STRE		ST YChange Addition HEYER ROVE 7501 MARSH COVE							
CITY-ST-ZIP						-ST-ZIP	T-ZIP PALM BEACH GARDENS, FL 334					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Delete MEYER, SUSANNE 7501 MARSH COVE PALM BEACH GARDENS FL 33418					E E EET ADDRESS - ST-ZIP			,		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Delete					E E EET ADDRESS -ST-ZIP	-, *				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Defete							☐ Change	Addition
TITLE NAME STREET ADDRESS				☐ Delete	TITL NAM STR						Change	☐ Addition

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 trusted 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.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 29, 2000 8:00 am Secretary of State

02-29-2000 90174 003 ***150.00