

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S66211

1. Entity Name
INTERNATIONAL SOFTWARE SYSTEMS SOLUTIONS, INC.

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90040 041 ***150.00

Principal Place of Business

4776 TEMPLE DR
DELRAY BEACH FL 33445
US

Mailing Address

4776 TEMPLE DR
DELRAY BEACH FL 33445
US

2. Principal Place of Business

167 SANTA BARBARA WAY

Suite, Apt. #, etc.

3. Mailing Address

167 SANTA BARBARA WAY

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PALM BEACH GARDENS FL

City & State

PALM BEACH GARDENS FL

4. FEI Number

65-0275618

Applied For

Not Applicable

Zip

33410

Country

PALM BEACH

Zip

33410

Country

PALM BEACH

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUSSO, LAURA L.
4675 PONCE DE LEON BLVD.
SUITE 301
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

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.

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, 2002 Fee will be \$550.00
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

TITLE P
NAME SCADUTO, DANIEL A
STREET ADDRESS 4776 TEMPLE DR
CITY-ST-ZIP DELRAY BEACH FL 33445 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)