2001 UNIFORM BUSINESS REPORT (UBR) May 05, 2001 8:00 am Secretary of State **DOCUMENT # H65610** SAXON BUSINESS SYSTEMS, INC. 05-05-2001 91094 025 ***158.75 Principal Place of Business Mailing Address 13925 N.W. 69 AVE. 13925 N. W. 60TH AVE. MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 HS 2. Principal Place of Business 14025 NW 60th AVENUE 3, Mailing Address 60th AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE MIAMI LAKES, FL 4. FEI Number MÎTAMIÎ TAKES, FL Applied For 59-2560595 Not Applicable Zip 33014 Country DADE DADE \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ABBATE, FLORIO J ABBATE, FLORIO J 13925 NW 60TH AVE MIAMI LAKES FL 33014 Miami lak<u>es</u> Zig 5014 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 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME ABBATE, GLENDA STREET ADDRESS STREET ADDRESS 2690 WALKERS WAY CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33331 TITLE ☐ Delete TITLE Change ☐ Addition NAME ABBATE, FLORIO J NAME STREET ADDRESS STREET ADDRESS 13925 NW 60TH AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33014 Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

FLORIO J. ABBATE

NTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4/20/01

305-362-0100

☐ Change

☐ Addition

Daytime Phone #