

2000 UNIFORM-BUSINESS REPORT (UBR)

DOCUMENT # P99000084957

1. Entity Name

S.C.I. SYSTEMS, CORP.

08-16-2000 90003 044 ***150.00

FILED

00 AUG 16 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
A0072686

DO NOT WRITE IN THIS SPACE

Principal Place of Business
15705 Miami Lakeway N.
Apt. 210B
Miami Lakes FL 33014

Mailing Address
15705 Miami Lakeway N.
Apt. 210B
Miami Lakes FL 33014

2. Principal Place of Business
16300 NE 19 AVE.

3. Mailing Address
100

City & State
North Miami Bch. FL

4. FEI Number:
65-0959908

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

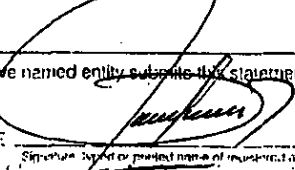
6. Name and Address of Current Registered Agent

Mazzza-MARTINEZ, TANIA A.
782 NW 42 AVE. SUITE 638
Miami FL 33126

7. Name and Address of New Registered Agent

Name: LUIS F. SILVA
Street Address (P.O. Box Number is Not Acceptable):
16300 NE 19 AVE SUITE 100
City: N. MIAMI BEACH FL Zip Code: 33162

8. I, the above named entity, submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:  DATE: 8/9/00

(NOTE: Registered Agent signatures required when reinstating)

9. This corporation is eligible to satisfy its biennial tax filing requirement and elects to do so. ☐ (See criteria on back)

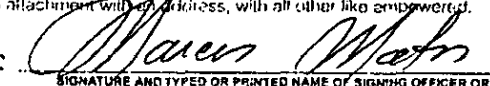
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
SD	Matas, Marcos	15705 Miami Lakeway N. Apt. 210B	Miami Lakes FL 33014	☐
D	Rojas, Loida	15705 Miami Lakeway N. Apt. 210B	Miami Lakes FL 33014	☐
				☐
				☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: Marcos Matas DATE: Daytime Phone:

8/16

attachment # P99000084951

A0072680

081400

August 9, 2000

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P. O. BOX 1500
TALLAHASSEE, FL 32302

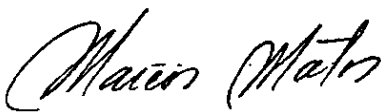
REF.: DOCUMENT # P99000084951
S.C.I. SYSTEMS, CORP.

Dear Sirs:

We have never received the business report form by mail, so we are sending a photocopy of the renewal form with a check # 1195 for \$150.00 corresponding to the annual fee.

We appreciate your help on this matter.

Sincerely,



MARCOS MATOS
President