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

2. Principal Place of Business	3. Mailing Address
	16300 NE 19 Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 100
City & State	City & State North Miami Bch. FL
Zip / Country	Zip 33162 / Country

4. FEI Number: 65-0959908 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Mazza-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. 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] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 8/9/00

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Matos, Marcos 15705 Miami Lakeway N. Apt. 210B Miami Lakes FL 33014 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Rojas, Loida 15705 Miami Lakeway N. Apt. 210B Miami Lakes FL 33014 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

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: Marcos Matos]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

8/16

attachment # P99000084951

A00072686

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

MARCOS MATOS
President