

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000084951**

1. Entity Name

S.C.I. SYSTEMS, CORP.**FILED****Apr 25, 2001 8:00 am**
Secretary of State

04-25-2001 90078 037 ***150.00

Principal Place of Business

**15705 MIAMI LAKEWAY N., APT 210B
MIAMI LAKES FL 33014**

Mailing Address

**16300 N.E. 19TH AVE., #100
NORTH MIAMI BEACH FL 33162**

2. Principal Place of Business

8004 NW 154 Street

3. Mailing Address

Suite, Apt. #, etc.

249

Suite, Apt. #, etc.

City & State

Miami Lakes FL

City & State

Zip

33016

Country

Zip

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****7. Name and Address of New Registered Agent****SILVA, LUIS F
16300 N.E. 19TH AVE., #100
NORTH MIAMI BEACH FL 33162**

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, 2001 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	☐ Delete
	SD			
	MATOS, MARCOS			
	15705 MIAMI LAKEWAY N., APT. 210B			
	MIAMI LAKES FL 33014			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	D			
	ROJAS, LOIDA			
	15705 MIAMI LAKEWAY N., APT. 210B			
	MIAMI LAKES FL 33014			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)