

FILED  
May 05, 2003 8:00 am  
Secretary of State

04-18-2003 90112 030 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P990000084951



1. Entity Name  
S.C.I. SYSTEMS, CORP.

Principal Place of Business  
5979 NW 151 STREET  
SUITE 237  
MIAMI LAKES FL 33014

Mailing Address  
5979 NW 151 STREET  
SUITE 237  
MIAMI LAKES FL 33014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

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 SILVA, LUIS FERNANDO  
Street Address (P.O. Box Number is Not Acceptable)  
16300 N.E. 19th Ave. Suite C  
City North 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
MATOS, MARCOS  
8004 NW 154 STREET, SUITE 249  
MIAMI LAKES FL 33016 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
ROJAS, LOIDA  
8004 NW 154 STREET, SUITE 249  
MIAMI LAKES FL 33016 ☐ Delete

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

TITLE  
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CITY - ST - ZIP  
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR

4/15/03

305.3648188

Date

Daytime Phone #

CR2E034 (10/02)