2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 08:00 AM
Secretary of State

DOCUMENT # **P97000076370**

1. Entity Name
SIGERTRONIC SYSTEMS CORPORATION

Principal Place of Business	Mailing Address
2450 HOLLYWOOD BLVD	2450 HOLLYWOOD BLVD
406	406
HOLLYWOOD FL	HOLLYWOOD FL
33020 US	33020 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0779429** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FLORIDA INCORPORATORS, INC.
1221 BRICKELL AVENUE
SUITE 900
MIAMI FL
33131 US

7. Name and Address of New Registered Agent

Name
BENNETT ROBERT C

Street Address (P.O. Box Number is Not Acceptable)
2450 HOLLYWOOD BLVD
SUITE 406

City HOLLYWOOD **FL** Zip Code 33020

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 **ROBERT BENNETT** **04/28/2001**
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	D ESQUIVEL DAVID 30 NEWTOWN BARRACKS BELIZE CITY, BELIZE	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ESQUIVEL DAVID AMR. 11671 SW 17TH STREET PEMBROKE PINES FL 33020	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUNNINGS CRIOS 30 NEWTOWN BARRACKS BELIZE CITY, BELIZE	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUNNINGS CRIOS FMR. 30 NEWTOWN BARRACKS BELIZE CITY, BELIZE BZ 00000	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTSM BENNETT ROBERT C 1525 SW 111TH AVE #201 PEMBROKE PINES FL 33025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTSM BENNETT ROBERT CMR. 1610 S.W. 116TH AVE PEMBROKE PINES FL 33025	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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: Robert Bennett Pres 04/28/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #