2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 27, 2001 8:00 am Secretary of State **DOCUMENT # 299985** BLACK ANGUS SYSTEMS, INC. 02-27-2001 90309 021 ***150.00 Principal Place of Business Mailing Address 2124 NE 123RD STREET 2124 NE 123RD STREET ROOM 205 - SUITE #55 ROOM 205 - SUITE #55 NORTH MIAMI FL 33181 NORTH MIAMI FL 33181 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1152253 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SILVER, LYNNE Street Address (P.O. Box Number is Not Acceptable) 2124 NE 123RD STREET **ROOM 205 - SUITE #55** N MIAMI FL 33181 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete ☐ Change Addition TITLE SILVER, RAUL NAME NAME 2124 NE 123 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NO. MIAMI FL President-Director SD 🖄 Change TITLE ☐ Delete TITLE ☐ Addition SILVER, LYNNE Silver Lynne NAME NAME 2124 NE 123 St STREET ADDRESS 2124 NE 123 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NO. MIAMI FL North Miami, Fl Vice President TITLE Change X Addition ☐ Delete NAME NAME Silver Sheryl STREET ADDRESS STREET ADDRESS 2124 NE 123 St. CITY-ST-ZIP CITY-ST-ZIP North Miami, FL Secretary ☐ Delete TITLE Change ▼ Addition NAME NAME Kastanias Nick STREET ADDRESS STREET ADDRESS 2124 NE 123 St. CITY-ST-ZIP CITY-ST-ZIP North Miami, FL ☐ Addition TITLE Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

Lynna Silver

NATED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/2001

305-891-1120

Daytime Phone #