

2000 UNIFORM BUSINESS REPORT (UBR)

5/13/00-90009-030-\$158.75-\$158.75

DOCUMENT # 420216

1. Entity Name

OFFICE SYSTEMS OF FLORIDA, INC.

FILED

00 MAY 25 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00089723



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

5150 NW 167TH ST
MIAMI LAKES FL 33014

5150 NW 167TH ST
MIAMI LAKES FL 33014-6324

2. Principal Place of Business

5150 NW 167TH ST

Suite, Apt. #, etc.

3. Mailing Address

5150 NW 167TH ST

Suite, Apt. #, etc.

City & State

MIAMI LAKES

City & State

MIAMI LAKES, FL

4. FEI Number

59-1441275

Applied For

Not Applicable

Zip

33014

Country

MIAMI-DADE

Zip

33014

Country

MIAMI-DADE

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOTOIU, JOHN, MR.

5150 NW-167TH ST
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name CHARLES S. WILLIAMS

Street Address (P.O. Box Number is Not Acceptable)

609 NW 28TH STREET

City

WILTON MANORS

FL

Zip Code

33311

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

Charles Williams

CHARLES WILLIAMS, PRESIDENT

6-2-00

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, 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

TITLE CTD ☒ Delete
NAME TOTOIU, JOHN
STREET ADDRESS 5150 NW 167TH ST
CITY-ST-ZIP MIAMI, FL 00000

TITLE PD ☒ Delete
NAME GALLOWAY, LARRY
STREET ADDRESS 12661 N.W. 1ST PLACE
CITY-ST-ZIP PLANTATION FL

TITLE SD ☒ Delete
NAME TOTOIU, CATHERINE
STREET ADDRESS 5150 NW 167TH ST
CITY-ST-ZIP MIAMI, FL 00000

TITLE DV ☒ Delete
NAME GALLOWAY, SANDRA L.
STREET ADDRESS 12661 N.W. 1ST PLACE
CITY-ST-ZIP PLANTATION FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD ☐ Change ☒ Addition
NAME Donald Griesdorn
STREET ADDRESS 5150 NW 167TH STREET
CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE TD ☐ Change ☒ Addition
NAME Peter Murgio
STREET ADDRESS 5150 NW 167TH STREET
CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE SD ☐ Change ☒ Addition
NAME Robert Overstein
STREET ADDRESS 5150 NW 167TH STREET
CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE PD ☐ Change ☒ Addition
NAME CHARLES WILLIAMS
STREET ADDRESS 609 NW 28TH STREET
CITY-ST-ZIP WILTON MANORS, FL 33311

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

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

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:

Charles Williams

C.S. Williams President 4/24/00 305 620 0659

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR