

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

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90115 006 ***150.00

DOCUMENT # 508212

1. Entity Name

AIM SYSTEMS, INC.



DO NOT WRITE IN THIS SPACE

24072595

2. Principal Place of Business

1221 Northwest 165th ST.

3. Mailing Address

1221 N.W. 165th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL 33169

City & State

Miami, FL

4. FEI Number

59-2107895

Applied For

Not Applicable

Zip

Country

USA

Zip

33169

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Luis A. Quintero

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

1221 N.W. 165th Street

City

Miami, FL

FL

Zip Code

33169

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1, May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	Director	TITLE	
NAME	Luis A. Quintero	NAME	
STREET ADDRESS	1221 N.W. 165th Street	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33169	CITY-ST-ZIP	
TITLE	Director	TITLE	
NAME	Norma Quintero	NAME	
STREET ADDRESS	1221 N.W. 165th St.	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33169	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

LUIS A. Quintero, Director

4/27/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)