

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-05-2003 90109 032 ***150.00



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # 508212 1. Entity Name AIM SYSTEMS, INC.		<div style="text-align: center;"> FILED Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90109 032 ***150.00 </div>																																					
Principal Place of Business 1221 N.W. 165 STREET MIAMI FL 33169		Mailing Address 1221 N.W. 165 STREET MIAMI FL 33169																																					
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																					
4. FEI Number 59-2107895		Applied For <input type="checkbox"/> Not Applicable																																					
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																					
6. Name and Address of Current Registered Agent QUINTERO, LUIS A. 4821 PINE TREE DRIVE MIAMI BCH. FL 33140		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																					
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																							
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. <input type="checkbox"/> \$5.00 May Be Added to Fees																																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%;">Delete</td> </tr> <tr> <td>NAME</td> <td>QUINTERO, LUIS A</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4821 PINE TREE DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI BEACH FL 33140</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%;">Delete</td> </tr> <tr> <td>NAME</td> <td>QUINTERO, NORMA A</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4821 PINE TREE DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI BEACH FL 33140</td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME	QUINTERO, LUIS A	<input type="checkbox"/>	STREET ADDRESS	4821 PINE TREE DRIVE		CITY-ST-ZIP	MIAMI BEACH FL 33140		TITLE	NAME	Delete	NAME	QUINTERO, NORMA A	<input type="checkbox"/>	STREET ADDRESS	4821 PINE TREE DRIVE		CITY-ST-ZIP	MIAMI BEACH FL 33140		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
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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:		Date 1/24/03 Daytime Phone #																																					

CR2E034 (10/02)