

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G16282

1. Entity Name
SRL SYSTEMS, INC.

Principal Place of Business
6510 N.W. 21ST AVE.
FT LAUDERDALE FL 33309

Mailing Address
6510 N.W. 21ST AVE.
FT LAUDERDALE FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2238287

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZUCKERMAN, ERNEST
6510 N.W. 21ST AVE.
FT. LAUDERDALE FL 33309

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.

SIGNATURE

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

T ☐ Delete
TITLE NAME RUBACH, LEON
STREET ADDRESS 19971 NE 39TH PL
CITY-ST-ZIP AVENTURA FL

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

V ☐ Delete
TITLE NAME RUBACH, MARC
STREET ADDRESS 6050 BLVD EAST
CITY-ST-ZIP WEST NEW YORK N.

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

V ☐ Delete
TITLE NAME RUBACH, JOSEPH
STREET ADDRESS 36 KARENS LAND
CITY-ST-ZIP ENGLEWOOD CLIFFS NJ

☒ Change ☐ Addition
TITLE NAME
STREET ADDRESS 80 O'shaughnessy Lane
CITY-ST-ZIP Closter, N.J. 07624

☐ 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
TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90049 050 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)