

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90670 033 ***150.00

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

Zip

Country

Zip

Country

4. FEI Number

59-2238287

Applied For

Not Applicable

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. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

V
NAME RUBACH, JOSEPH
STREET ADDRESS 80 O'SHAUGHNESSY LANE
CITY-ST-ZIP CLOSTER NJ 07624

☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: *Leon Rubach* Leon Rubach

4/7/04

954-973-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #