

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90157 041 ***150.00

0191014 AV

DOCUMENT # G39045

1. Entity Name

GAME SYSTEMS INC

Principal Place of Business

Mailing Address

11507 SW 84TH LANE
 MIAMI FL 33173
 US

P O BOX 160129
 MIAMI FL 33116-0129
 US



2. Principal Place of Business

864 NW 110th AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PLANTATION FL

City & State

4. FEI Number

59-2287522

Applied For

Not Applicable

Zip

33324

Country

US

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

STASSUN, PETER G.

~~11507 SW 84TH LANE~~

~~MIAMI FL 33173~~

Name

864 NW 110th AVE

PLANTATION

FL

Zip Code

33324

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 **X**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

X 2/18/02

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, 2002 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

TITLE **PD** ☐ Delete

NAME **STASSUN, PETER G.**
 STREET ADDRESS **11507 S.W. 84TH LANE**
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☒ Change ☐ Addition

NAME **864 NW 110th AVE**
 STREET ADDRESS **PLANTATION FL 33324**
 CITY-ST-ZIP

TITLE **STD** ☐ Delete

NAME **FEILD, WILLIAM B JR**
 STREET ADDRESS **15461 SW 82ND AVE**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/02

Date

305 251-2294

Daytime Phone #

CR2E034 (9/01)