

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G41115

1. Entity Name

SOLAR ENERGY SYSTEMS, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90096 022 ***150.00

Principal Place of Business	Mailing Address
% HERBERT J. HOUTKIN 7300 SW 112 STREET MIAMI FL 33156	7345 N.W. 68 WAY PARKLAND FL 33067-3918 US

2. Principal Place of Business 7345 NW 68th Way	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Parkland FL	City & State
Zip 33067	Country Brownland

4. FEI Number 59-2290051	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOUTKIN, HERBERT J.
7300 SW 112 STREET
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

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

7345 NW 68 Way

City Parkland FL Zip Code 33067

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 _____ (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, 2000 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	
TITLE PD	<input type="checkbox"/> Delete
NAME HOUTKIN, HERBERT J.	
STREET ADDRESS 7300 SW 112 STREET	
CITY-ST-ZIP MIAMI FL	
TITLE VP	<input type="checkbox"/> Delete
NAME DONATH, ENID-ANN	
STREET ADDRESS 7345 N.W. 68 WAY	
CITY-ST-ZIP PARKLAND FL 33067	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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] 3/1/2000 (305) _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)