**FILED** 

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## 2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee changed, or on an attachment with an add

SIGNATURE:

## Feb 07, 2002 8:00 am Secretary of State DOCUMENT # G56942 SMALL PLANET SYSTEMS CORPORATION 02-07-2002 90313 025 \*\*\*150.00 Principal Place of Business Mailing Address 105 MENDOZA AVE 105 MENDOZA AVE. CORAL GABLES FL 33134 CORAL GABLES FL 33134 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-2329432 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DIAMOND, STEVEN Street Address (P.O. Box Number is Not Acceptable) 105 MENDOZA AVE. **CORAL GABLES FL 33134** City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD TITLE Change ☐ Addition TITLE ☐ Delete HAAS, ROBERT NAME NAME 20432 N.E. 7TH PLACE STREET ADDRESS STREET ADDRESS N. MIAMI BCH. FL CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME DIAMOND, STEVEN NAME STREET ADDRESS 105 MENDOZA AV STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TID F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 exposured to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if