

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/17

**FILED**  
**Jun 27, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90926 011 \*\*\*150.00

**DOCUMENT # J73802**

1. Entity Name  
**MIAMI SYSTEMS, INC.**

Principal Place of Business      Mailing Address  
**200 WEST CAMINO REAL SUITW C BOCA RATON FL 33432 US**      **200 WEST CAMINO REAL SUITW C BOCA RATON FL 33432-5944 US**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0008944**      Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**TAYLOR, G. D.**  
**5702 WINDRIFT LANE**  
**BOCA RATON FL 33433**

7. Name and Address of New Registered Agent  
 Name **TAYLOR, G. D.**  
 Street Address (P.O. Box Number Is Not Acceptable)  
**200 WEST CAMINO REAL**  
 City **BOCA RATON** FL **33432**

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 *Georgene Davis Taylor* (ADDRESS CHANGE) ONLY      DATE **19 JUNE 00**

Signature, typed or printed name of registered agent and business applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P TAYLOR, GEORGENE DAVIS 5702 WINDRIFT LANE BOCA RATON FL 33433</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P TAYLOR, GEORGENE DAVIS 200 W. CAMINO REAL BOCA RATON, FL. 33432</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECTY TAYLOR, RICHARD J. 200 W. CAMINO REAL BOCA RATON, FL. 33432</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Georgene Davis Taylor*      Date **4/27/00**      Daytime Phone # **561-394-5450**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 19/99