2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K16609**

MARWIN SYSTECH, INC.

Principal Place of Business 3890 W. COMMERCIAL BLVD STE 220

FT LAUDERDALE FL 33306

Suite, Apt. #, etc.

City & State

3890 W. COMMERCIAL BLVD **STE 220**

Mailing Address

3. Mailing Address

FT LAUDERDALE FL 33309-3319

2. Principal Place of Business

Suite, Apt. #, etc.

City & State 4. FEI Number

FILED Mar 02, 2000 8:00 am **Secretary of State**

03-02-2000 90193 041 ***150.00

IIVOTA



DO NOT WRITE IN THIS SPACE

Applied For

65-0049875 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Goodwin. Carolyn H. GOODWIN, CAROYLN H. Street Address (P.O. Box Number is Not Acceptable) 3890 W. Commercial Blud 313 N.W. 87 TERRACE **CORAL SPRINGS FL 33071** Suite 220 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 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. 175 Change ☐ Addition PS TITLE ☐ Delete TITLE Kumar, Michael V. 3890 W. Commercial Bivd, Suite 220 KUMAR, MICHAEL V. NAME NAME STREET ADDRESS 313 N.W. 87 TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ft. Lauderdale, FL 33306 CORAL SPRINGS FL A Change ☐ Addition ☐ Delete TITLE TITLE Goodwin, Carolyn H 3890 W. Commercial Blvd, Suite 220 GOODWIN, CAROLYN H. NAME NAME STREET ADDRESS 313 N.W. 87 TERRACE STREET ADDRESS CITY-ST-ZIP Ft. Landerdale, FL 33306 CITY-ST-7IP CORAL SPRINGS FL ☐ Delete ☐ Addition TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS 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:

COULT STATE OF SIGNING OFFICER OR DIRECTOR

H. Goodwin 1/31/00 954-735-8780