

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90137 045 \*\*\*150.00

**DOCUMENT # K61659**

**1. Entity Name**  
**THE SYSTEMA GROUP INC.**

**Principal Place of Business**

7400 S.W. 50TH TERR.  
 SUITE 300  
 MIAMI FL 33155

**Mailing Address**

7400 S.W. 50TH TERR.  
 SUITE 300  
 MIAMI FL 33155

80032230



**2. Principal Place of Business**

4107 University Dr.

**3. Mailing Address**

4107 University Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

Coral Gables FL

**City & State**

Coral Gables FL

**4. FEI Number**

65-0101186

**Applied For**

Not Applicable

**Zip**

33146

**Country**

Mia-Dade

**Zip**

33146

**Country**

DADE

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

CHAO, RAUL E., DR.  
 THE SYSTEMA GROUP, INC.  
 7400 SW 50TH TERRACE, (300)  
 MIAMI FL 33155

**7. Name and Address of New Registered Agent**

**Name**

Chao Raul E. Dr.

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

4107 University Drive

**City**

Coral Gables

FL

**Zip Code**

33146

**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)

**DATE**

*[Signature]*

DR RAUL E. CHAO

02/10/02

**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**

**TITLE** DP ☐ Delete  
**NAME** CHAO, RAUL, PH.D.  
**STREET ADDRESS** 4107 UNIVERSITY DR.  
**CITY-ST-ZIP** CORAL GABLES FL

**TITLE** DVP ☐ Delete  
**NAME** CHAO, OLGA N.  
**STREET ADDRESS** 4107 UNIVERSITY DR  
**CITY-ST-ZIP** CORAL GABLES FL

**TITLE** SD ☐ Delete  
**NAME** CHAO, RAUL O.  
**STREET ADDRESS** 4107 UNIVERSITY DR  
**CITY-ST-ZIP** CORAL GABLES FL

**TITLE** DT ☐ Delete  
**NAME** CHAO, MARIA I.  
**STREET ADDRESS** 4107 UNIVERSITY DR  
**CITY-ST-ZIP** CORAL GABLES FL

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP**

**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]* Raul E. Chao

Pres 02/10/02 305 669-0711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)