

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90335 026 ***150.00

0207975 AV

DOCUMENT # K71888

1. Entity Name
BACHILLER SYSTEM, CORP.



Principal Place of Business
**4226 N.W. 32ND AVE.
MIAMI FL 33142**

Mailing Address
**899 NW 37TH AVE.
STE. 179
MIAMI FL 33125**



2. Principal Place of Business

3. Mailing Address

899 NW 37 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 179

City & State

City & State

MIAMI FL

Zip

Country

Zip

Country

33155 U.S.

4. FEI Number

65-0106994

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BUSTAMANTE, MARIA D
4065 NW 4 STREET
MIAMI FL 33125**

7. Name and Address of New Registered Agent

Name

FELIPE DE ALBA

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

7340 SW 36 STREET

City

MIAMI

FL

Zip Code

33155

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/2003

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	KENNEDY, SEVERINO	
STREET ADDRESS	615 SW 82ND AVE	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BUSTAMANTE, MARIA D	
STREET ADDRESS	4065 NW 4 STREET	
CITY-ST-ZIP	MIAMI FL 33125	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 checked="" type="checkbox"/> Addition
NAME	DARYL JOHNSON	
STREET ADDRESS	551 SHARAR AVE	
CITY-ST-ZIP	OPALKA FL 33054	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2003
Date

2056389912
Daytime Phone #

CR2E034 (10/02)