

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 04, 2001 8:00 am**
Secretary of State

04-04-2001 90021 032 ***150.00

DOCUMENT # K81756

1. Entity Name

MANAGEMENT Systems
Consultants Inc.

Principal Place of Business

Mailing Address

13880 SW 68 Ave**Miami, FL 33158**

2. Principal Place of Business

13880 SW 68 Ave

Suite, Apt. #, etc.

3. Mailing Address

13880 SW 68 Ave

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami FL

4. FEI Number

65-011413

Applied For

Not Applicable

Zip

Country

33158

Zip

Country

331585. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Sharareh Afshari
13880 SW 68 Ave
Miami, FL 33158

7. Name and Address of New Registered Agent

Name

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

City

FL

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)

DATE

SHARAREH AFSHARI **3/10/01**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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HAMID M. Gharagozi
13880 SW 68 Ave
Miami, FL 33158☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
(Manager)☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARAREH AFSHARI**3-10-01 (305) 233-5969**

Date

Daytime Phone #

CR2E034 (11/00)