

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

FLEET SYSTEMS INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90992 026 ***158.75

Principal Place of Business

Mailing Address

2500 PARKVIEW DR

SUITE 1910

HALLANDALE, FL. 33009

2. Principal Place of Business

3. Mailing Address

2500 PARKVIEW DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1910

1910

City & State

City & State

Hallandale FL

Hallandale FL

Zip

Country

Zip

Country

33009

USA

33009

USA

CU059070

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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 Sonya Gale Ostrow

Registered Agent

4/20/01

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

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 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	<input type="checkbox"/> Delete
TITLE CEO	NAME CHEN, Perry	STREET ADDRESS 11 DASH PLACE	CITY-ST-ZIP RIVERDALE NY 10463	<input type="checkbox"/> Delete
TITLE SECY	NAME Heather Glassman	STREET ADDRESS 823 NE 199 ST	CITY-ST-ZIP Miami Beach FL 33179	<input type="checkbox"/> Delete
TITLE Pres	NAME Mayers, Sandy	STREET ADDRESS 11 Dash Place	CITY-ST-ZIP Riverdale, NY 10463	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
RA	SONYA GALE OSTROW	2500 PARKVIEW DR	1910 Hallandale FL 33009	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Sonya Gale Ostrow

4/20/01

954 456 2266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)