2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

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1. Entity Name



Apr 14, 2003 8:00 am Secretary of State 04-14-2003 90936 035 ***150.00

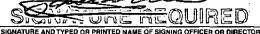
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VT #	M63925	•	
TER SYSTEMS CORPORATION			

Principal Place of Business Mailing Address C/O CARLOS MANUEL ALDAMA C/O CARLOS MANUEL ALDAMA 9300 S.W. 164 COURT 9300 S.W. 164 COURT MIAMI FL 33196 MIAMI FL 33196 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0022626 Not Applicable Zip Country Zip 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 ALDAMA, CARLOSIM Street Address (P.O. Box Number is Not Acceptable) 9300 S.W. 164 CONPIT **MIAMI FL 33196** City Zip Code 8. The love 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, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable toxlorida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition ALDAMA, CARLOS M NAME NAME 9300 SW 164 COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33196** CITY-ST-ZIP TITI F SD ☐ Delete TITLE ☐ Change Addition NAME aldama, agustina NAME 9300 SW 164 COURT STREET ADDRESS STREET ADDRESS **MIAMI FL 33196** CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:



4-11-03 3W-383-1892