

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90082 042 ***150.00

DOCUMENT # P00000014575

1. Entity Name
SYSTEL INTERNATIONAL CORPORATION

Principal Place of Business

**12711 NW 11 STREET
MIAMI FL 33182**

Mailing Address

**12711 NW 11 STREET
MIAMI FL 33182**

2. Principal Place of Business

12711 NW 11 STREET

Suite, Apt. #, etc.

3. Mailing Address

12711 NW 11 STREET.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL.

Zip

33182

Country

USA

Zip

33182.

Country

USA

4. FEI Number

65-0980669

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**QUINTERO, OTTO
12711 NW 11 STREET
MIAMI FL 33182**

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

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 **P** ☐ Delete
NAME **QUINTERO, EFRAIN**
STREET ADDRESS **12748 N.W. 11TH STREET**
CITY-ST-ZIP **MIAMI FL 33182**

TITLE **VP** ☐ Delete
NAME **QUINTERO, OTTO**
STREET ADDRESS **12756 N.W. 11TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33182**

TITLE **SD** ☐ Delete
NAME **QUINTERO, GERMAN E**
STREET ADDRESS **12748 N.W. 11TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33182**

TITLE **S** ☐ Delete
NAME **QUINTERO, GERMAN E**
STREET ADDRESS **12748 NW 11 TERR**
CITY-ST-ZIP **MIAMI FL 33182**

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
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)