


## 2001 UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT # P00000021553</b>				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  01 OCT -8 PM 5:15  	
1. Entity Name <b>SYSTEMS BROKERS, CORP.</b>					
Principal Place of Business <b>782 N.W. 42 Ave. #428 MIAMI FL 33126</b>		Mailing Address <b>782 N.W. 42 Ave. #428 MIAMI FL 33126</b>			
2. Principal Place of Business		3. Mailing Address		DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0987305</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>ROTH, LEONARDO A 8350 S. Dixie Hwy., PH 2 MIAMI FL 33156</b>			7. Name and Address of New Registered Agent Name <b>MAGALI L. PUIG</b> Street Address (P.O. Box Number is Not Acceptable) <b>782 N. W. 42 Ave. #428</b> City <b>MIAMI</b> FL Zip Code <b>33126</b>		
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 <i>Magali L. Puig</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>8/31/01</i>					
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$550.00</b> After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD GUIDO, MARTA L AMENABAR 4120 (1429) CAPITAL FEDERAL ARGENTINA</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P S P GUIDO MARTA L. Arias 2356 (1429) Capital Federal ARGENTINA.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD LORO, MARIANA F AMENABAR 4120 (1429) CAPITAL FEDERAL ARGENTINA</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD LORO, MARIANA F. Arias 2356 (1429) Capital Federal ARGENTINA.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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		
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		
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<i>8/31/01</i>	
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: <i>[Signature]</i> (305) 442-8893 Date: <i>8/31/01</i>					

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AV

CR2034 (5/01)



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

September 7, 2001

SYSTEMS BROKERS, CORP.  
9350 S. DIXIE HWY., PH 2  
MIAMI, FL 33156

Subject: **SYSTEMS BROKERS, CORP.**

Reference **P00000021553**  
Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$550.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

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**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,  
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF  
CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA  
32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/RR

ANNUAL REPORTS SECTION