2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State
03-08-2001 90062 015 ***158.75

0157252

DOCUMENT # P00000023618

1. Entity Name
FINANCIAL SYSTEMS CO. U.S.A., INC.

Principal Place of Business	Mailing Address
SUITE 1400, TERREMARK CENTER 2601 SO. BAYSHORE DR. MIAMI FL 33133	SUITE 1400, TERREMARK CENTER 2601 SO. BAYSHORE DR. MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
150 E. Sample		3466 PINE HAVEN CIR	
Suite, Apt. #, etc.: Suite 210		Suite, Apt. #, etc.	
City & State: POMPANO BEACH, FL		City & State: BOCA RATON FLORIDA	
Zip: 33064	Country: USA	Zip: 33431	Country: USA

4. FEI Number: 65-1037488 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DURAN, ALFREDO G
SUITE 1400, TERREMARK CENTER
2601 SO. BAYSHORE DR.
MIAMI FL 33133

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, 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	D ☐ Delete	TITLE	D, P ☑ Change ☐ Addition
NAME	PARRY, GRAHAM JOHN	NAME	GRAHAM PARRY
STREET ADDRESS	510 OLD HICKORY BLVD., #702	STREET ADDRESS	3466 PINE HAVEN CIR
CITY-ST-ZIP	NASHVILLE TN 37209	CITY-ST-ZIP	BOCA RATON, FL, 33431
TITLE	D ☐ Delete	TITLE	D, S ☑ Change ☐ Addition
NAME	MUJICA, MARIA JIMENA	NAME	MARIA JIMENA MUJICA
STREET ADDRESS	510 OLD HICKORY BLVD., #702	STREET ADDRESS	3466 PINE HAVEN CIR
CITY-ST-ZIP	NASHVILLE TN 37209	CITY-ST-ZIP	BOCA RATON FL, 33431
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/00)

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: Graham Parry 02/21/01 9549410100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #