

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000044144

1. Entity Name
CISTERONICS SYSTEMS CORP.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 25 PM 4:00

Principal Place of Business Mailing Address
7000 WEST PALMETTO PARK ROAD SUITE 200 7000 WEST PALMETTO PARK ROAD SUITE 200
BOCA RATON FL 33433 BOCA RATON FL 33433

2. Principal Place of Business 3. Mailing Address
416 OLIVE TREE CIR Suite, Apt. #, etc.

City & State City & State
GREENACRES FLORIDA GREENACRES FLORIDA
Zip Zip
33413 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-007911 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Name and Address of New Registered Agent

~~GARRICK, STEVEN~~
~~7000 WEST PALMETTO PARK ROAD SUITE 200~~
~~BOCA RATON FL 33433~~

Name PAUL CISTERNA
Street Address 416 OLIVE TREE CIR Suite 200
GREENACRES FL 33413

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

Paul Cisterna

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

TITLE PRESIDENT
NAME PAUL CISTERNA
STREET ADDRESS 416 OLIVE TREE CIR
CITY-ST-ZIP GREENACRES FL 33413 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE STEVEN GARRICK ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME PAUL CISTERNA
STREET ADDRESS 416 OLIVE TREE CIR
CITY-ST-ZIP GREENACRES FL 33413 ☐ Change ☒ Addition

TITLE
NAME 800004618208--7
STREET ADDRESS -10/01/01--01068--002
CITY-ST-ZIP ****550.00 ****550.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Paul Cisterna
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0306117

CR2E034 (10/00)