

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90016 027 ***150.00

DOCUMENT # P00000048233

1. Entity Name
PARALLAX SYSTEMS, INC.

Principal Place of Business

18860 NW 57TH AVENUE
SUITE # 104
MIAMI FL 33015

Mailing Address

18860 NW 57TH AVENUE
SUITE # 104
MIAMI FL 33015

2. Principal Place of Business

12800 NW 107th Ct.

Suite, Apt. #, etc.

3. Mailing Address

2021 Renaissance Blvd.

Suite, Apt. #, etc.

304

City & State

MIAMI, FL

City & State

MIRAMAR, FL

Zip

33178

Country

USA

Zip

33025

Country

USA

6. Name and Address of Current Registered Agent

MILLER, BROOKS C. PA
1690 FIRST UNION FINANCIAL CENTER
200 S BISCAYNE BLVD.
MIAMI FL 33131

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 **PSD** ☐ Delete
NAME **PELEJA, LUIS**
STREET ADDRESS **18860 NW 57TH AVE., STE. 104**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **P** ☒ Delete
NAME **PELEJA, LUIS C**
STREET ADDRESS **18860 NW 57TH AVENUE # 104**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **PRESIDENT** ☒ Change ☐ Addition
NAME **LUIS C. PELEJA**
STREET ADDRESS **12800 N.W. 107th Ct.**
CITY-ST-ZIP **MIAMI, FL 33178**

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

906924



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)