2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
05-07-2002 90355 019 ***150.00

DOCUMENT # P00000067154

1. Entity Name
BILSYSTEM INC.

Principal Place of Business	Mailing Address
~~4379 S.W. 10TH PLACE #101 DEERFIELD BEACH FL 33442~~	~~4379 S.W. 10TH PLACE #101 DEERFIELD BEACH FL 33442~~

B00089482

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1717 SW 1ST WAY	1717 SW 1ST WAY
Suite, Apt. #, etc. UNIT # 16	Suite, Apt. #, etc. UNIT # 16
City & State DEERFIELD BEACH	City & State DEERFIELD BEACH
Zip 33441 / Country USA	Zip 33441 / Country USA

4. FEI Number 65-1024833 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILLENNIA CONSULTING SERVICES, INC. 444 BRICKELL AVENUE SUITE 750 MIAMI FL 33131	Name ANDRES RODRIGUES R Street Address (P.O. Box Number is Not Acceptable) 141 NE 3RD AVE # 604 City MIAMI **FL** Zip Code 33132

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] 4/23/2002
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MINOZZI, WILLIAM S ~~4379 S.W. 10TH PLACE #101~~ DEERFIELD BEACH FL 33442 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4369 SW. 10th PLACE #108
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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] 4/23/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #