

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90081 008 ***150.00

DOCUMENT # P00000067460

1. Entity Name

ADMISYS USA CORP.

Principal Place of Business

Mailing Address

**C/O RAUL J. SANCHEZ DE VARONA. P.A.
 145 MADEIRA AVE STE 310
 CORAL GABLES FL 33134**

**C/O RAUL J. SANCHEZ DE VARONA. P.A.
 145 MADEIRA AVE STE 310
 CORAL GABLES FL 33134**



2. Principal Place of Business

3. Mailing Address

1300 SO. Dixie Hwy.

1300 SO. Dixie Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 280

Suite 280

City & State

City & State

Coral Gables, FL

Coral Gables, FL

Zip

Country

Zip

Country

33140

USA

33140

USA

4. FEI Number

65-0882088

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANCHEZ DE VARONA, RAUL J
 145 MADEIRA AVE STE 310
 CORAL GABLES FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

1300 SO. Dixie Hwy.

Suite 280

City

Coral Gables

FL

Zip Code

33140

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **WIRBIEZCAS, IVAN**
 CITY-ST-ZIP **145 MADEIRA AVE STE 310
 CORAL GABLES FL 33134**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1300 SO. Dixie Hwy, Suite 280**
 CITY-ST-ZIP **Coral Gables, FL 33140**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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

03/18/2002

Date

305-667-7733

Daytime Phone #

CR2E034 (9/01)