

5/21/01-90405-1

FILED
Jul 10, 2001 8:00 am
Secretary of State

05-21-2001 90405 004 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000081813

1. Entity Name

SION SYSTEMS, CORP.

Principal Place of Business

Mailing Address

675 Ives Dairy Rd. #323
 Miami, Florida 33179

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-1035533

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

Ennio Escalante
 675 Ives Dairy Rd. #323
 Miami, FL 33179

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



Ennio Escalante

4-23-01

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW:

FEE IS: 150.00

9. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE PT
 NAME Escalante, Ennio
 STREET ADDRESS 675 Ives Dairy Rd 323
 CITY-ST-ZIP Miami, FL 33179 ☐ Delete

TITLE S
 NAME Escalante, Kevin
 STREET ADDRESS 675 Ives Dairy Rd 323
 CITY-ST-ZIP Miami, FL 33179 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



Ennio Escalante

4-23-01

305-052-8471

Printed Name, Title, and Address of Registered Agent or Director

Date

Daytime Phone #