2001 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P00000109726** Apr 30, 2001 8:00 am Secretary of State 1. Entity Name SISTEMAS FOURGEN CORP. 04-30-2001 90061 044 ***150.00 Principal Place of Business Mailing Address 17324 SW 138TH COURT 17324 SW 138TH COURT MIAMERE 33177 MIAMI FL 33177 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HENAO, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 17324 SW 138TH COURT MIAMI FL 33177 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete TITLE Change Addition NAME HENAO, WILLIAM NAME STREET ADDRESS 17324 SW 138TH COURT STREET ADDRESS CITY-ST-ZIP MIAMI FL 33177 CITY-ST-ZIP TITLE ۷D Delete TITLE Change Addition GARCIA, JUAN C NAME NAME STREET ADDRESS 17324 SW 138TH COURT STREET ADDRESS CITY-ST-7IP MIAMI FL 33177 CITY-ST-71P SD TITLE ☐ Delete TITLE ☐ Change Addition NAME VILLASENOR, PRISCILLA NAME STREET ADDRESS 17324 SW 138TH COURT STREET ADDRESS CITY-ST-7IP MIAMI FL 33177 CITY-SY-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME

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 peport is flue 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 attach all other like empowered

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

William SIGNATURE AND TYPED OR PE NTED NAME OF SIGNING OFFICER OR DIRECTOR