

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90275 002 ***150.00

DOCUMENT # *P.00000109726*

1. Entity Name

SISTEMAS FOURGEN CORP ✓

656649

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1290 WESTON Road

Suite, Apt. #, etc.

SUITE 210

City & State

WESTON, FLORIDA

Zip

33326

Country

USA

3. Mailing Address

1290 WESTON Road

Suite, Apt. #, etc.

SUITE 210

City & State

WESTON, FLORIDA

Zip

33326

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1068081

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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's signature required when withdrawing)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

*PD
HENAD, WILLIAM
1290 WESTON ROAD, STE 210
WESTON FL 33326*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

*VD
GARCIA, JUAN C
1290 WESTON ROAD, STE 210
WESTON FL 33326*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

William Hendon *William Hendon*

4/23/02

Date

Daytime Phone #

CR2E034B (12/01)