

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90193 032 ***150.00

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DOCUMENT # P00000109726

1. Entity Name
SISTEMAS FOURGEN CORP.



Principal Place of Business
1290 WESTON RD. SUITE 306
WESTON FL 33326

Mailing Address
1290 WESTON RD. SUITE 306
WESTON FL 33326

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 **65-1068081**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENAO, WILLIAM
17324 SW 138TH COURT
MIAMI FL 33177

Name **GBS CONSULTANTS**

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

1290 WESTON ROAD

SUITE 306

City **WESTON**

FL

Zip Code **33326**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Maria Diaz **MARIA DIAZ**

04/24/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **HENAO, WILLIAM**
STREET ADDRESS **1290 WESTON ROAD, SUITE 210**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **PD** ☒ Change ☐ Addition
NAME **HENAO, WILLIAM**
STREET ADDRESS **1290 WESTON ROAD, SUITE 306**
CITY-ST-ZIP **WESTON, FL 33326**

TITLE **VD** ☐ Delete
NAME **GARCIA, JUAN C**
STREET ADDRESS **1290 WESTON ROAD, SUITE 210**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **VD** ☒ Change ☐ Addition
NAME **GARCIA, JUAN C**
STREET ADDRESS **1290 WESTON ROAD, SUITE 306**
CITY-ST-ZIP **WESTON, FL 33326**

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

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 607, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/03

Date

Daytime Phone #

CR2E034 (10/02)