

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

0187544 AV

DOCUMENT # P01000006254

1. Entity Name
ENGINEERED SYSTEMS AND NETWORKS CORPORATION



04-10-2003 90116 019 ***150.00

Principal Place of Business
**4821 COCONUT CREEK PARKWAY
#153
COCONUT CREEK FL 33063**

Mailing Address
**4821 COCONUT CREEK PARKWAY
#153
COCONUT CREEK FL 33063**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-1072782**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**FRASER, ROSS-PA
1000 NORTH HIATUS ROAD SUITE 110
PEMBROKE PINES FL 33026**

**JOHN TELLEZ
4821 Coconut Creek Parkway
Suite #153
Coconut Creek, FL 33063**

Name **JOHN TELLEZ**
Street Address (P.O. Box Number is Not Acceptable) **4821 Coconut Creek Parkway**
Suite **#153**
City **Coconut Creek** FL Zip Code **33063**

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

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

(NOTE: Registered Agent signature required when reinstating)

3/20/03
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 **PTCM** ☐ Delete
NAME **TELLEZ, JOHN R**
STREET ADDRESS **1784 HAMMOCK BLVD**
CITY-ST-ZIP **COCONUT CREEK FL 33063**

TITLE ☐ Change ☐ Addition
NAME **2349 N.W. 139TH AVE.**
STREET ADDRESS **SUNRISE, FL 33323**
CITY-ST-ZIP

TITLE **VSD** ☐ Delete
NAME **JACKSON, RYANNE**
STREET ADDRESS **1784 HAMMOCK BLVD**
CITY-ST-ZIP **COCONUT CREEK FL 33063**

TITLE ☐ Change ☐ Addition
NAME **TELLEZ, RYANNE**
STREET ADDRESS **2349 N.W. 139TH AVE.**
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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

3/20/03
Date

954-270-5984
Daytime Phone #

CR2E034 (10/02)