

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 27, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90211 008 \*\*\*158.75

**DOCUMENT # P01000035659**

1. Entity Name  
**NEMESYS CORP.**

Principal Place of Business  
**10515 SW 153 COURT**  
**UNIT 7**  
**MIAMI FL 33196**

Mailing Address  
**10515 SW 153 COURT**  
**UNIT 7**  
**MIAMI FL 33196**

2. Principal Place of Business

**14732 SW 148th Circle**  
 Suite, Apt. #, etc.

3. Mailing Address

**14732 SW 148th Circle**  
 Suite, Apt. #, etc.

City &amp; State

**MIAMI, FL**

City &amp; State

**MIAMI, FL**

Zip

**33196**

Country

Zip

**33196**

Country

4. FEI Number

**65-1101584**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional**  
**Fee Required**

6. Name and Address of Current Registered Agent

**GIL, IVAN**  
**10515 SW 153 COURT**  
**UNIT 7**  
**MIAMI FL 33196**

7. Name and Address of New Registered Agent

Name

**NICOLI-ANN GIL**

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

**14732 SW 148th Circle**

City

**MIAMI**

FL

Zip Code

**33196**

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)

DATE

**6-18-02**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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	P	<input type="checkbox"/> Delete
NAME	<b>GIL, IVAN</b>	
STREET ADDRESS	<b>10515 SW 153 COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33196</b>	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	<b>DEL REY, RAYMOND</b>	
STREET ADDRESS	<b>7005 SW 138 COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33183</b>	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	<b>VERNON, MARLON</b>	
STREET ADDRESS	<b>2251 E LAKE MIRAMAR CIRCLE</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33025</b>	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	<b>BLANCO, OMAR</b>	
STREET ADDRESS	<b>12852 SW 62 LANE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33183</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**IVAN GIL**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/27/02****305-336-8131**

CR2E034 (9/01)