

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

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90149 035 \*\*\*150.00

DOCUMENT # **PO1000053146**

1. Entity Name

**PC SYSTEMS, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**7451 N.W. 16TH ST.**

Suite, Apt. #, etc.

**# 101**

City & State

**PLANTATION, FL**

Zip

**33313**

Country

3. Mailing Address

**7451 N.W. 16TH ST.**

Suite, Apt. #, etc.

**# 101**

City & State

**PLANTATION, FL**

Zip

**33313**

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**JOSE A. ANGARITA**

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

**7451 N.W. 16TH ST. # 101**

City

**PLANTATION**

**FL**

Zip Code

**33313**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**04/25/2002**

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	<b>JOSE A. ANGARITA</b>
STREET ADDRESS	<b>7451 NW 16TH ST. # 101</b>
CITY - ST - ZIP	<b>PLANTATION, FL 33313</b>
TITLE	
NAME	<b>DORIANA A. ALSINA</b>
STREET ADDRESS	<b>7451 N.W. 16TH ST. # 101</b>
CITY - ST - ZIP	<b>PLANTATION, FL 33313</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
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:

**JOSE A. ANGARITA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/25/2002 954-5851009**

Date

Daytime Phone #

CR2E034B (12/01)

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000053146

1. Entity Name  
PC SYSTEMS INC.

Principal Place of Business  
7451 NORTHWEST 16TH ST.  
SUITE 101  
PLANTATION FL 33313

Mailing Address  
7451 NORTHWEST 16TH ST.  
SUITE 101  
PLANTATION FL 33313

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

65-1141844

☒ Applied For

☐ Not Applicable

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

ANGARITA, JOSE A  
1018 CORAL CLUB DR  
CORAL SPRINGS FL 33071

→ NEW ADDRESS

Name  
ANGARITA, JOSE A.  
Street Address (P.O. Box Number is Not Acceptable)  
7451 N.W. 16TH ST. # 101  
City PLANTATION FL Zip Code 33313

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

04/25/2002

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGARITA, JOSE A 1018 CORAL CLUB DR CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALSINA, ADRIANA A 1018 CORAL CLUB DR CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGARITA, JOSE A. 7451 NW 16TH ST. # 101 PLANTATION, FL. 33313	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALSINA, ADRIANA A. 7451 N.W. 16TH ST. # 101 PLANTATION, FL 33313	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/2002 (954)5851009

Date Daytime Phone #

ATTACHMENT  
TRACKING #

~~500053146~~

I COULDN'T DO IT IN THE  
WEB. 654387



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)