2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000099678



FILED Mar 03, 2003 8:00 am Secretary of State

1. Entity Na	SSY TECHNOLOGIES, INC.			03-03-2003 90941 003 ***150.00
Principal Place of Business 2413 SW 157 AVENUE MIRAMAR FL 33027		Mailing Address 2413 SW 157 AVENUE MIRAMAR FL 33027		
2. Principal	Place of Business	3 Mailing Address	***	
	, idos of Edginious	5. Walling Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & Sta	ate	City & State		4. FEI Number Applied For 54 - 2076 23 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional
	6. Name and Address of Curren	t Registered Agent		
HENNEO	OV MADIZ O		Name	
	sy, mark & . 157 avenue	2413 SW 157 AVENUE MIRAMAR FL 33027 3. Mailing Address Suite, Apt. #, etc. City & State Zip Registered Agent the purpose of changing its dittle if applicable. (NOT	Street	Address (P.O. Box Number is Not Acceptable)
	157 AVENUE R FL 33027		<u> </u>	
	. 1 2 00021			
			'	
the obliga	e named entity submits this statement i tions of registered agent.	for the purpose of changing i	AVENUE 33027 Tress etc.	
SIGNATURE	Signature, typed or printed name of registered agen	at and title if applicable. (NC	TF: Registered Agent sign	styra raquited when reinstation
	FILE NOW!!! FEE IS \$150.00	(1)	TE Pogulo ou Agont aight	DATE DATE
Afte 💮	r May 1, 2003 Fee will be \$550.00			+ - + - + - + - + - + - + - + - + -
•	k Payable to Florida Department of	of State		Trust Fund Contribution. Added to Fees
10.	OFFICERS AND		11.	
TITLE NAME	HENNESSY, MARK C	☐ Delete		SECR/D Hennessy, Louides A
STREET ADDRESS CITY-ST-ZIP	2413 SW 157 AVENUE MIRAMAR FL 33027			
TITLE	SECR	□ Doloto		
NAME	HENNESSY, MARK.C			
	2413 SW 157 AVENUE MIRAMAR FL 33027		STREET ADDRESS	2413 SW 157 AVE
CITY-ST-ZIP TITLE	TRES		~	
NAME	HENNESSY, MARK C	∟J Delete		. Change Addition
STREET ADDRESS	2413 SW 157 AVENUE			
CITY-ST-ZIP	MIRAMAR FL 33027		CITY-ST-ZIP	
TITLE NAME		Delete		☐ Change ☐ Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS			· · · · ·	
CITY-ST-ZIP				· · ·
TITLE		Delete		☐ Change ☐ Addition
NAME STREET ADDRESS				- Addition
STREET ADDRESS 1			ATOC:	

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

President 2/26/03 954 443 3509

Date Date Dayline Phone #