

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000054932

1. Entity Name

SYSTEM LINE CO.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90125 016 ***158.75

Principal Place of Business

5220 N.W. 72ND AVE.
BAY 31
MIAMI FL 33166

Mailing Address

5220 N.W. 72ND AVE.
BAY 31
MIAMI FL 33166-4858

2. Principal Place of Business

6955 NW 52 Street
Suite, Apt. #, etc.
201A

3. Mailing Address

6955 NW 52 Street
Suite, Apt. #, etc.
201A



DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0367319

Applied For

Not Applicable

Zip

33166

Country

Dade

Zip

33166

Country

Dade

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MENDOZA, MAURICIO
5220 N.W. 72ND AVE.
BAY #31
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name: Ernesto Hernandez

Street Address (P.O. Box Number is Not Acceptable)
15470 SW 57th Terrace

City Miami

FL

Zip Code 33193

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

04/27/00

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, 2000 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 VP
NAME HERNANDEZ ERNESTO
STREET ADDRESS 15470 SW 57TH TERRACE
CITY-ST-ZIP MIAMI FL 33193 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

Date

Daytime Phone #

04/27/00 305-477-2500

CR2E034 (9/99)