

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90927 015 ***150.00

DOCUMENT # P93000084127

1. Entity Name
SYSTEM 1, INC.

Principal Place of Business

**6801 SW 66TH AVENUE
S. MIAMI FL 33143**

Mailing Address

**6801 SW 66TH AVENUE
S. MIAMI FL 33143**

**7440 SW 50th Ter
Unit 109
Miami, FL 33155**

**Unit 109
Miami FL 33155**

2. Principal Place of Business

7440 SW 50th Terrace

3. Mailing Address

7440 SW 50th Terrace

Suite, Apt. #, etc.

Unit 109

Suite, Apt. #, etc.

109

City & State

Miami FL

City & State

Miami FL

Zip

33155

Country

USA

Zip

33155

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0534948**

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

**HARRIS, CHARLES M ESQ.
101 E. KENNEDY BVD
STE 2700
TAMPA FL 33602**

Name

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

City

FL

Zip Code

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

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, 2001 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 **STD** ☐ Delete
NAME **BRUCE, J.M.**
STREET ADDRESS **6801 SW 66 AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **BRUCE, JANE E**
STREET ADDRESS **6801 S.W. 66 AVE**
CITY-ST-ZIP **S MIAMI FL 33143**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

305-655-3085

Daytime Phone #

CR2E034 (10/00)