FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000090435 1. Entity Name SYSTECH, INC.						Jan 15, 2002 8:00 am Secretary of State 01-15-2002 90057 049 ***150.00				
6270 NW 173	ce of Business STREET. APT 201	Mailing Address 6270 NW 173 STREET, APT HAILEAH FL 33015	73 STREET, APT 201							
2 Principal P	Place of Business	Mailing Address								
4548 Suite, Apt.	NW NHTHAVE	TH 17)	IE.	DO NOT V	VRITE IN THIS S	PACE				
/ 70 City & Stat	e	City & State			4	4. FEI Number 65-0625297 Applied For				
7717 3317	911 / Country 7	7717111 Zip 237170	Coun	1ry 5 7	5	. Certificate of Status Desire	, _d []	8.75 Add		
2211	6. Name and Address of Current R	egistered Agent	<i>V</i>			. Name and Address of Ne		ee Required gent	3	
VARONA, JORGE L 6270 NW 173 STREET, APT 201 HAILEAH FL 33015					Name JORGE L VARONA Street Address (P.O. Box Number is Not Acceptable) 45 48 N W 114 711 AVE A 1707					
				City	TIAM	"/	FL	Zip Code	128	
SIGNATURE . 9. This corporate fax filing r	e named entity submits this statement for signature, typed or printed name of registered agent an orration is eligible to satisfy its Intangible requirement and elects to do so.	nal	Registerer	d Agent signatu IS \$150.0 will be \$5	ore required whe		DATE n Financing		0 May Be	
11.	OFFICERS AND D	<u> </u>	12.			ADDITIONS/CHANGES TO			3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VARONA, JORGE L 6270 NW 173 STREET, APT 201 HAILEAH FL 33015	☐ Delete		ET ADDRESS ST-ZIP	454 Mia	18 NW 114711 MI FL :	17VE 1 33178	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				,		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAMI STRE					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ·		i				☐ Change	☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete						☐ Change ,	Addition	
TITLE NAME Street Address City-St-Zip		☐ Delete		I				☐ Change	☐ Addition	
indicated	certify that the information supplied with to this report or supplemental report is to poration or the received or trustee empoy, or on an attachment with an address, with the supplemental trustee to the supplementation of the received or trustee to the supplementation of th	rue and accurate and that my	/ signat	ure shall ha	ave the sam	ne legal effect as if made und orida Statutes; and that my r	ler oath; that I ar ame appears in	n an officer of Block 11 or	or director Block 12 if	
SIGNAT		INTED NAME OF SIGNING OFFICER O	R DIRECT	OR		1-8-200 Date	2 786 Day	_33/- ', rtime Phone #	7251	