2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P96000054056** May 09, 2000 8:00 am 1. Entity Name AMERICAN SYSTEMS & PERIPHERALS CORP. Secretary of State 05-09-2000 90109 023 ***150.00 Principal Place of Business Mailing Address 15780 SW 84 TERR 15780 SW 84 TERR MIAMI FL 33193 MIAMI FL 33193-5232 2. Principal Place of Business 3. Mailing Address 8335 SW 152 AVE 8335 SW 152 AVE. Suite, Apt. #, etc. 110 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 110 City & State Applied For City & State 4. FEI Number 65-0677373 UIAMI. MIAMI, Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DASILVA, MARCOS A DASILVA, MARCOS A Street Address (P.O. Box Number is Not Acceptable) 15780 SW 84 TERR 8335 SW 152 AVE. #110 **MIAMI FL 33193** City MIAMI 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. DASILVA, MARCOS 8335 SW 152 AVE #110 PSTD **PSTD** TITLE TITLE ☐ Delete DASILVA, MARCOS A NAME NAME STREET ADDRESS STREET ADDRESS 15780 SW 84 TERR MIAMI, FL 33193 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33193** Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change NAME --NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

Date

Date

Dayline Phone #