2002 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02-27-2002 90006 010 ***150.00
02 APR 17 PM 4:00

DOCUMENT # P96000055662

1. Entity Name
EFI SYSTEMS, INC.

Principal Place of Business	Mailing Address
4471 N.W. 36 STREET SUITE 217 MIAMI FL 33166	4471 N.W. 36 STREET SUITE 217 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4471 NW 36 STREET	4471 NW 36 STREET
Suite, Apt. #, etc.: SUITE 227	Suite, Apt. #, etc.: SUITE 227
City & State: MIAMI, FL.	City & State: MIAMI, FL
Zip: 33166 Country: USA	Zip: 33166 Country: USA

4. FEI Number 65-0684512 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEDRAYES, LUISA
8931 S.W. 4TH TERRACE
MIAMI FL 33124

7. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable) 4471 N.W 36 STREET
SUITE 227
City MIAMI FL Zip Code 33166

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 Luisa Pedrayes — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 02,05,02

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, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD PEDRAYES, LUISA 8931 S.W. 4TH TERRACE MIAMI FL 33124	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: Luisa Pedrayes PSTD — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 02,05,02 Daytime Phone #

CR2E034 (9/01)