## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

## FILED DOCUMENT # **P96000084658** Apr 05, 2000 8:00 am Secretary of State 1. Entity Name DISTRIBUTED SYSTEMS, INC. 04-05-2000 90068 002 \*\*\*150.00 Principal Place of Business Mailing Address 6031 TOWN COLONY DR., APT.114 6031 TOWN COLONY DR., APT.114 BOCA RATON FL 33433-1904 **BOCA RATON FL 33433** 3. Mailing Address 2. Principal Place of Business 8050 Nad 8 OSO Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0703473 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent . Name and Address of New Registered Agent PANAGAKIS, CONSTANTINE Street Address (P.O. Box Number is Not Acceptable 6031 TOWN COLONY DR., APT.114 **BOCA RATON FL 33433** 050 d office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of chapging its register (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS 12. Delete TITLE President TITLE anagnis constant PANAGALKIS, CONSTANTINE NAME NAME 1050 Nadmar STREET ADDRESS STREET ADDRESS 6031 TOWN COLONY DR., APT.114 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIF Change ☐ Addition - Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition TITLE 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. 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 ther like empowered.