

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90205 031 ***150.00

DOCUMENT # P97000006395

1. Entity Name

SYSTEMS SOLUTIONS GROUP, INC.

Principal Place of Business

2151 LEJEUNE ROAD
#312
CORAL GABLES FL 33134

Mailing Address

2151 LEJEUNE ROAD
#312
CORAL GABLES FL 33134

2. Principal Place of Business

999 PONCE DE LEON BLVD
Suite, Apt. #, etc.
1045

3. Mailing Address

999 PONCE DE LEON BLVD
Suite, Apt. #, etc.
Suite 1045

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

DADE

Zip

33134

Country

DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0725601

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OCARIZ, HIRAM
2151 LEJEUNE ROAD
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

999 PONCE DE LEON BLVD

Suite 1045

City

CORAL GABLES

FL

Zip Code

33134

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	OCARIZ, HIRAM	
STREET ADDRESS	2151 LEJEUNE ROAD	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	GITLIN, MARK	
STREET ADDRESS	2151 LEJEUNE ROAD	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZOMERFELD, RAYMOND	
STREET ADDRESS	2151 LEJEUNE ROAD	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	999 PONCE DE LEON BLVD #1045
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	999 PONCE DE LEON BLVD #1045
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	999 PONCE DE LEON BLVD #1045
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VICE-PRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANUEL MARRERO
STREET ADDRESS	999 PONCE DE LEON BLVD #1045
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

MANUEL MARRERO 1/11/02 305-444-3160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)