

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90002 015 \*\*\*150.00

**DOCUMENT # P97000066584**

1. Entity Name

**SYSTEMS PARADIGM INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

860 CRESTVIEW CIRCLE  
 WESTON FL 33327

860 CRESTVIEW CIRCLE  
 WESTON FL 33327-1852

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0778507**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HURTADO-DE-MENDOZA, PEDRO**  
~~12719 SW 28 TERR~~ **860 CRESTVIEW CIR.**  
~~MIAMI FL 33175~~ **WESTON, FL 33327**

Name **SAME**  
 Street Address (P.O. Box Number is Not Acceptable)  
~~860 CRESTVIEW CIRCLE~~  
**860 CRESTVIEW CIRCLE**  
 City **WESTON** FL Zip Code **33327**

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 **Pedro Hurtado-de-Mendoza**

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HURTADO-DE-MENDOZA, PEDRO</b>	NAME	<b>SAME</b>
STREET ADDRESS	<b>12719 SW 28 TERR</b>	STREET ADDRESS	<b>860 CRESTVIEW CIRCLE</b>
CITY-ST-ZIP	<b>MIAMI FL 33175</b>	CITY-ST-ZIP	<b>WESTON, FL 33327</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HURTADO-DE-MENDOZA, SILVIA</b>	NAME	<b>SAME</b>
STREET ADDRESS	<b>12719 SW 28 TERR</b>	STREET ADDRESS	<b>860 CRESTVIEW CIRCLE</b>
CITY-ST-ZIP	<b>MIAMI FL 33175</b>	CITY-ST-ZIP	<b>WESTON, FL 33327</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 other like empowered.

SIGNATURE: **Silvia Hurtado de Mendoza**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-18-2000**  
 Date

**(954) 385-5563**  
 Daytime Phone #

CR2E034 (9/99)