

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2001 08:00 AM
Secretary of State

DOCUMENT # P97000076370

1. Entity Name
SIGERTRONIC SYSTEMS CORPORATION

Principal Place of Business 2450 HOLLYWOOD BLVD 406 HOLLYWOOD FL 33020 US	Mailing Address 2450 HOLLYWOOD BLVD 406 HOLLYWOOD FL 33020 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 65-0779429	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FLORIDA INCORPORATORS, INC.
 1221 BRICKELL AVENUE
 SUITE 900
 MIAMI FL
 33131 US

7. Name and Address of New Registered Agent

Name
BENNETT ROBERT C

Street Address (P.O. Box Number is Not Acceptable)
 2450 HOLLYWOOD BLVD

SUITE 406

City
HOLLYWOOD FL Zip Code
 33020

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 **ROBERT BENNETT** DATE **04/28/2001**

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, 2001 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 ESQUIVEL DAVID	
STREET ADDRESS 30 NEWTOWN BARRACKS	
CITY-ST-ZIP BELIZE CITY, BELIZE	
TITLE D	<input type="checkbox"/> Delete
NAME MUNNINGS CRIOS	
STREET ADDRESS 30 NEWTOWN BARRACKS	
CITY-ST-ZIP BELIZE CITY, BELIZE	
TITLE PTSM	<input type="checkbox"/> Delete
NAME BENNETT ROBERT C	
STREET ADDRESS 1525 SW 111TH AVE #201	
CITY-ST-ZIP PEMBROKE PINES FL 33025	
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 VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ESQUIVEL DAVID AMR.	
STREET ADDRESS 11671 SW 17TH STREET	
CITY-ST-ZIP PEMBROKE PINES FL 33020	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MUNNINGS CRIOS FMR.	
STREET ADDRESS 30 NEWTOWN BARRACKS	
CITY-ST-ZIP BELIZE CITY, BELIZE BZ 00000	
TITLE PTSM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BENNETT ROBERT CMR.	
STREET ADDRESS 1610 S.W. 116TH AVE	
CITY-ST-ZIP PEMBROKE PINES FL 33025	
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: **Robert Bennett** Pres Date **04/28/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)