

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92118 001 *****5.00
05-05-2003 92118 002 ***150.00

DOCUMENT # P98000005355

1. Entity Name
FLORIDA SYSPRODUCTIONS, INC.



Principal Place of Business
**1402 KENNEDY CAUSEWAY NO. 219
NORTH BAY VILLAGE FL 33141**

Mailing Address
**1402 KENNEDY CAUSEWAY NO. 219
NORTH BAY VILLAGE FL 33141**

2. Principal Place of Business
1900 SOUTH TREASURE DRIVE

3. Mailing Address
1900 SOUTH TREASURE DRIVE

Suite, Apt. #, etc.
No. 9T

Suite, Apt. #, etc.
9T

City & State
NORTH BAY VILLAGE FLORIDA

City & State
NORTH BAY VILLAGE FLORIDA

4. FEI Number **65-0806729**

Applied For
Not Applicable

Zip
33141

Country
USA

Zip
33141

Country
USA

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

6. Name and Address of Current Registered Agent

**VALDIVIA, SONNIA
1900 S. TREASURE DRIVE
NO. 9T
NORTH BAY VILLAGE FL 33141**

7. Name and Address of New Registered Agent

Name **VALDIVIA, SONNIA**
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sonnia Valdivia*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4-24-03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☒ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD VALDIVIA, SONNIA 1900 KENNEDY CAUSEWAY NO. 219 NORTH BAY VILLAGE FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALDIVIA, JUAN ROSAS 1900 S. TREASURE DRIVE 9T NORTH BAY VILLAGE FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VALDIVIA, JUAN ROSWALDO 1900 S TREASURE DR 9T NORTH BAY VILLAGE FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD ARANIBAR, NORMA 1402 KENNEDY COURAGE # E19 NORTH BAY VILLAGE FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sonnia Valdivia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 24, 2003 * 305-343-4972

Date Daytime Phone #

CR2E034 (10/02)