## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2001 08:00 AM P98000010766 DOCUMENT# 1. Entity Name **Secretary of State** U.S. ENVIRONMENTAL SYSTEMS, INC. Principal Place of Business Mailing Address 3200 WEST 84TH STREET 3200 WEST 84TH STREET HIALEAH FL HIALEAH FL 33018 33018 2. Principal Place of Business 3. Mailing Address 9498 NW SOUTH RIVER DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For MEDLEY FL 65-0840789 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33166 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEBOGORY ALEX LANE 3200 W. 84 STREET Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL33018 City 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. SIGNATURE 03/20/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (11/00) ☐ Delete TITLE ☐ Addition BRIINSWICK MAME DAVID H NAME 3200 W 84 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33018 CITY-ST-ZIP D ☐ Delete TITLE DVST X Change ☐ Addition NAME DEBOGORY ALEX LANE NAME DEBOGORY ALEX LANE STREET ADDRESS 3200 WEST 84TH STREET STREET ADDRESS 3200 WEST 84TH STREET CITY-ST-ZIP HIALEAH FL 33018 CITY-ST-ZIP HIALEAH FL33018 Delete TITLE X Change ☐ Addition DEBOGORY NAME DEBOGORY, JR. ALEX STREET ADDRESS 3200 WEST 84TH STREET STREET ADDRESS 3200 WEST 84TH STREET CITY-ST-ZIP HIALEAH 33018 CITY-ST-ZIP HIALEAH FL. 33018 TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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: ALEX LANE DEBOGORY VSTD 03/20/2001

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