

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000032737

1. Entity Name

P.H.I. SYSTEMS, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90072 004 ***150.00

Principal Place of Business

14611 S BECKLEY SQUARE
DAVIE FL 33325

Mailing Address

14611 S BECKLEY SQUARE
DAVIE FL 33326-2110

2. Principal Place of Business

655 SW 158 TERR
Suite, Apt. #, etc.

3. Mailing Address

655 SW 158 TERR
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SUNRISE FL

City & State

SUNRISE FL

4. FEI Number

65-0824984

Applied For

Not Applicable

Zip

33326

Country

USA

Zip

33326

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARKOWITZ, ISRAEL
14611 S BECKLEY SQUARE
DAVIE FL 33325

7. Name and Address of New Registered Agent

Name

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.

SIGNATURE *Israel Markowitz* *Israel Markowitz* *4/28/2000*
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

TITLE **P** ☐ Delete
NAME **MARKOWITZ, ISRAEL**
STREET ADDRESS **14611 S BECKLEY SQUARE**
CITY-ST-ZIP **DAVIE FL 33325**

TITLE **V** ☐ Delete
NAME **MARKOWITZ, GAIL**
STREET ADDRESS **14611 S BECKLEY SQUARE**
CITY-ST-ZIP **DAVIE FL 33325**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Israel Markowitz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14/28/2000 *954-384*
Date Daytime Phone # *9475*

CR:E034 (9/99)