FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90109 035 ***158.75

DOCUMENT # P98000039989

1. Entity Name
ERP SYSMAP, CO.

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B0056716

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2. Principal Place of Business	3. Mailing Address
2768 NW 30th WAY	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT LAUDERDALE, FL	City & State: SAME
Zip: 33311 Country: BROWARD	Zip: Country:

4. FEI Number 65-0916079 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: PENIZA, JOSE L.

Street Address (P.O. Box Number is Not Acceptable): 2768 NW 30th WAY

City: FORT LAUDERDALE FL Zip Code: 33311

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: José Luis Peniza 3/19/02
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)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESID. / PENIZA, CONSUELO / 2768 NW 30th WAY / FORT LAUDERDALE FL 33311
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR / PENIZA, JOSE L / 2768 NW 30th WAY / FORT LAUDERDALE FL 33311
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: José Luis Peniza 3/19/02 954-7331006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #