

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90843 049 ***150.00

DOCUMENT # P98000043998

1. Entity Name

2000 SYSTEMS, INC.

Principal Place of Business Mailing Address
~~100 NORTH MIAMI AVENUE~~ ~~4100 NORTH MIAMI AVENUE~~
~~SUITE 103~~ ~~SUITE 103~~
~~MIAMI FL 33127~~ ~~MIAMI FL 33127-2000~~

9715 N.E. 2 Avenue, Miami Shores, FL 33138

2. Principal Place of Business 3. Mailing Address
~~9715 N.E. 2 Avenue~~ ~~9715 N.E. 2 Avenue~~
~~Suite, Apt. #, etc.~~ ~~Suite, Apt. #, etc.~~

City & State City & State
~~Miami Shores, FL~~ ~~Miami Shores, FL~~
~~Zip Country~~ ~~Zip Country~~
~~33138~~ ~~33138~~ ~~Miami Dade~~ ~~Miami Dade~~

4. FEI Number **APPLIED FOR**
~~65-0837430~~

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
BUTLER, LOIS H
~~4100 NORTH MIAMI AVENUE~~
~~SUITE 103~~
~~MIAMI FL 33127~~
9715 Northeast 2 Avenue
Miami Shores FL 33138

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE *5/1/00*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			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: *[Signature]* DATE *5/1/00* DAYTIME PHONE # *305/758-8881*