

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 31, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000049083**1. Entity Name  
**KARPIEL SYSTEMS INC.****Principal Place of Business**

9590 S.W. 2ND COURT

PEMBROKE PINES  
33025

FL

**Mailing Address**

9590 S.W. 2ND COURT

PEMBROKE PINES  
33025

FL

**2. Principal Place of Business**

12536 BURNING TREE LANE

**3. Mailing Address**

12536 BURNING TREE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

CORAL SPRINGS

FL

**City & State**

CORAL SPRINGS

FL

Zip  
33071

Country

Zip  
33071

Country

**4. FEI Number****65-0838907**

Applied For

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****KARPIEL MICHAEL R**  
9590 S.W. 2ND COURTPEMBROKE PINES  
33025

FL

**7. Name and Address of New Registered Agent****Name****KARPIEL MICHAEL R**

Street Address (P.O. Box Number is Not Acceptable)

12536 BURNING TREE LANE

**City**

CORAL SPRINGS

**FL**Zip Code  
33071

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**01/31/2001**

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, 2001 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 SVD ☐ Delete  
NAME KARPIEL CAROL M  
STREET ADDRESS 9590 S.W. 2ND COURT  
CITY-ST-ZIP PEMBROKE PINES FL 33025TITLE PTD ☐ Delete  
NAME KARPIEL MICHAEL R  
STREET ADDRESS 9590 S.W. 2ND COURT  
CITY-ST-ZIP PEMBROKE PINES FL 33025TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE SVD ☒ Change ☐ Addition  
NAME KARPIEL CAROL M  
STREET ADDRESS 12536 BURNING TREE LANE  
CITY-ST-ZIP CORAL SPRINGS FL 33071TITLE PTD ☒ Change ☐ Addition  
NAME KARPIEL MICHAEL R  
STREET ADDRESS 12536 BURNING TREE LANE  
CITY-ST-ZIP CORAL SPRINGS FL 33071TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: Michael R Karpiel**

PTD

01/31/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)