

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90430 030 \*\*\*150.00

0498273

**DOCUMENT # P98000060927**

1. Entity Name  
**NATURAL SYSTEM INTERNATIONAL, CORP.**

Principal Place of Business      Mailing Address  
**7440 SW 50 TERR**      **7440 SW 50 TERR**  
**STE 101**      **STE 101**  
**MIAMI FL 33155**      **MIAMI FL 33155**

2. Principal Place of Business      3. Mailing Address  
**10575 NW 37 Terr**      **10575 NW 37 Terr**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**MIAMI FL**      **MIAMI FL**  
 Zip      Country      Zip      Country  
**33178**      **USA**      **33178**      **USA**

4. FEI Number      Applied For  
**65-0852231**      Not Applicable

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**RIOS, LEOPOLDO J**  
**1800 WEST 49TH ST.**  
**SUITE 215**  
**HIALEAH FL 33012**

**7. Name and Address of New Registered Agent**

Name      **Rios Leopoldo J**  
 Street Address (P.O. Box Number is Not Acceptable)      **1800 West 49th Street**  
**Ste 301**  
 City      **HIALEAH**      FL      Zip Code      **33012**

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]*      DATE

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, 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PSD	<input type="checkbox"/> Delete
NAME	USECHE, JAVIER	
STREET ADDRESS	7440 SW 50 TERR #101	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	CEDENO, ROQUE A	
STREET ADDRESS	7440 SW 50 TERR #101	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> Delete
NAME	GABRIEC, USECHE	
STREET ADDRESS	7440 SW 50 TERR #101	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/12/01*  
 Date

Daytime Phone #

CR2E034 (10/00)