

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064523

1. Entity Name

SYSMART INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90003 026 ***150.00

Principal Place of Business

Mailing Address

6632 NW 176 TERRACE
HIALEAH FL 33015

6632 NW 176 TERRACE
HIALEAH FL 33015-4474

2. Principal Place of Business

3. Mailing Address

17333 NW 62nd Place

17333 NW 62nd Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH FLORIDA

City & State

HIALEAH FLORIDA

4. FEI Number

65-0851676

Applied For

Not Applicable

Zip

33015

Country

US

Zip

33015

Country

US

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

PUPU, EMILY

6632 NW 176 TERRACE
HIALEAH FL 33015

Name

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

17333 NW 62nd Place

City

HIALEAH

FL

Zip Code

33015

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
PUPU, EMILY
6632 NW 176 TERRACE
HIALEAH FL 33015 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
17333 NW 62nd Place
HIALEAH FL 33015 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
PUPU, ROBERTO
6632 NW 176 TERRACE
HIALEAH FL 33015 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
17333 NW 62nd Place
HIALEAH FL 33015 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
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☐ Delete

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

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:

Emily Pupo *Emily Pupo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00
Date

(305) 502-5570
Daytime Phone #

CR2E034 (9/99)