

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091067

1. Entity Name

AGEIRON SYSTEMS, INC.

Principal Place of Business

8810 SW 132ND PLACE
#205
MIAMI FL 33186

Mailing Address

8810 SW 132ND PLACE
#205
MIAMI FL 33186

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

NORIEGA, ADRIANA
9735 FOUNTAINBLEAU BLVD. #210
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

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

City

Miami

FL

Zip

33186

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

Adriana Noriega

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/01

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 NAME ☐ Delete
PSD
NORIEGA, FERNANDO
STREET ADDRESS 8810 SW 132ND PLACE, #205
CITY-ST-ZIP MIAMI FL 33186

TITLE NAME ☐ Delete
VPTD
NORIEGA, ADRIANA
STREET ADDRESS 8810 132ND PLACE #205
CITY-ST-ZIP MIAMI FL 33186

TITLE NAME ☐ Delete
AD
FECOROTTI, PAOLO C.
STREET ADDRESS 8810 SW 132ND PLACE, #205
CITY-ST-ZIP MIAMI FL 33186

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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:

Adriana Noriega VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

(305) 467-8880

Daytime Phone #

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90101 015 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)