

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90180 006 ***150.00

DOCUMENT # P98000091067

1. Entity Name
AGEIRON SYSTEMS, INC.



Principal Place of Business
**8810 SW 132ND PLACE
#205
MIAMI FL 33186**

Mailing Address
**P O BOX 970293
COCONUT CREEK FL 33097-0293
US**



2. Principal Place of Business
**9022 NW 121 Terrace
Suite, Apt. #, etc.**

3. Mailing Address
**9022 NW 121 Terrace
Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

City & State
**Hialeah Gardens, FL
Zip 33018 Country USA**

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**Hialeah Gardens, FL
Zip 33018 Country USA**

4. FEI Number **65-0871840**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**NORIEGA, ADRIANA
8810 SW 132ND PLACE 205
MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
9022 NW 121 Terrace
City **Hialeah Gardens** **FL** Zip Code **33018**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Adriana Noriega**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/15/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD NORIEGA, FERNANDO 8810 SW 132ND PLACE, #205 MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTD NORIEGA, ADRIANA 8810 132ND PLACE #205 MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AD FECOROTTI, PAOLO C 8810 SW 132ND PLACE, #205 MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	9022 NW 121 Terrace Hialeah Gardens, FL 33018	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	9022 NW 121 Terrace Hialeah Gardens, FL 33018	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Adriana Noriega**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03 786-277-7619
Date Daytime Phone #

CR2E034 (10/02)