

2000 UNIFORM BUSINESS REPORT (UBR)

5/1:

FILED
Jun 29, 2000 8:00 am
Secretary of State

05-15-2000 90142 048 ***150.00

DOCUMENT # P98000099065

1. Entity Name

MICRO SYSTEMS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

**2333 BRICKELL AVE. MEZZANINE STE.
 MIAMI FL 33129**

**2333 BRICKELL AVE. MEZZANINE STE.
 MIAMI FL 33129-2435**

2. Principal Place of Business

354 AZURE WAY

3. Mailing Address

2333 BRICKELL AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MEZZANINE SUITE

City & State

MIAMI SPRINGS, FL

City & State

MIAMI, FL 33129

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MALEK, FARHAD

**5874 S.W. 131 TERRACE-
 MIAMI FL 33156**

Name

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

City

FL

Zip Code

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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **SAINT MARTIN, MAURICIO**
 CITY-ST-ZIP **8255 LAKE DR, #206
 MIAMI FL 33186**

TITLE ☒ Change ☐ Addition
 NAME **PD**
 STREET ADDRESS **RAUL MELAMEND**
 CITY-ST-ZIP **354 AZURE WAY
 MIAMI SPRINGS, FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/00

Doc # P98000099d05

105535

Form **SS-4**

Application for Employer Identification Number

(Rev. February 1998)
Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
MICRO SYSTEMS INTERNATIONAL, INC.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name
RAUL MELAMEND

4a Mailing address (street address) (room, apt., or suite no.)
354 AZURE WAY

5a Business address (if different from address on lines 4a and 4b)
SAME

4b City, state, and ZIP code
MIAMI SPRINGS, FL 33166

5b City, state, and ZIP code
SAME

6 County and state where principal business is located
MIAMI DADE, FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ►
RAUL MELAMEND

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN)

☐ Estate (SSN of decedent)

☐ Partnership

☐ Personal service corp.

☐ Plan administrator (SSN)

☐ REMIC

☐ National Guard

☐ Other corporation (specify) ►

☐ State/local government

☐ Farmers' cooperative

☐ Trust

☐ Church or church-controlled organization

☐ Federal government/military

☐ Other nonprofit organization (specify) ►

(enter GEN if applicable)

☒ Other (specify) ► **CORPORATION**

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

Foreign country

9 Reason for applying (Check only one box.) (see instructions)

☐ Banking purpose (specify purpose) ►

☒ Started new business (specify type) ►
COMPUTER ELECTRONICS

☐ Changed type of organization (specify new type) ►

☐ Purchased going business

☐ Hired employees (Check the box and see line 12.)

☐ Created a trust (specify type) ►

☐ Created a pension plan (specify type) ► **WHOLESALE**

☐ Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions)

7/2000

11 Closing month of accounting year (see instructions)

DECEMBER

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ► **N/A**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ►

Nonagricultural

Agricultural

Household

5

14 Principal activity (see instructions) ► **COMPUTER, ELECTRONICS WHOLESALE**

15 Is the principal business activity manufacturing?

☐ Yes

☒ No

If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box.

☒ Business (wholesale)

☐ Public (retail)

☐ Other (specify) ►

☐ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business?

☐ Yes

☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ► Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

RAUL MELAMEND /PD

Fax telephone number (include area code)

Name and title (Please type or print clearly.) ►

Signature ►

Date ► **6/15/2000**

Note: Do not write below this line. For official use only.

Please leave Geo.

Ind.

Class

Size

Reason for applying