

2000 UNIFORM BUSINESS REPORT (UBR)

5/8/

FILED

Jun 06, 2000 8:00 am
Secretary of State

05-08-2000 90104 001 ***150.00

DOCUMENT # P99000026030

1. Entity Name

PROTAG SYSTEMS, INC.

Principal Place of Business

7210 NORTHWEST 58TH STREET
MIAMI FL 33166

Mailing Address

7210 NORTHWEST 58TH STREET
MIAMI FL 33166-3719

2. Principal Place of Business

5760 NW 72 Ave.
Suite, Apt. #, etc.

3. Mailing Address

5760 NW 72 Ave.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

Zip

33166

Country

USA

City & State

Miami, FL

Zip

33166

Country

USA

4. FEI Number

65-0906849

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY

1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Maureen Field

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

5760 NW 72 Ave.

City

Miami

FL

Zip Code

33166

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

X Maureen Field

(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

TITLE	P	<input type="checkbox"/> Delete
NAME	FIELD, MAUREEN	
STREET ADDRESS	7210 NORTHWEST 58TH STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHWARTZ, STEVEN	
STREET ADDRESS	7210 NORTHWEST 58TH STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	S	<input type="checkbox"/> Delete
NAME	FIELD, PETER	
STREET ADDRESS	7210 NORTHWEST 58TH STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Field, Maureen	
STREET ADDRESS	5760 NW 72 Ave.	
CITY-ST-ZIP	Mia, FL 33166	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schwartz, Steven	
STREET ADDRESS	5760 NW 72 Ave.	
CITY-ST-ZIP	Miami, FL 33166	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Field, Peter	
STREET ADDRESS	5760 NW 72 Ave.	
CITY-ST-ZIP	Miami, FL 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Steven J. Schwartz

26 APR 00 305-592-9990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)