

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035907

1. Entity Name

SYSGOLD CORPORATION

Principal Place of Business

17000 NW 67 AVE #412
MIAMI FL 33015

Mailing Address

17000 NW 67 AVE #412
MIAMI FL 33015-4062

2. Principal Place of Business

8180 NW 36 STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
310

City & State
MIAMI FL

City & State

4. FEI Number

65-0924202

Applied For

Not Applicable

Zip
33166

Country
DADE

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

SALINAS, ADIANA
17000 NW 67 AVE #412
MIAMI FL 33015

Name
FEDERICO RESTREPO

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

8180 NW 36 STREET

SUITE 310

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

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
PRESIDENT/SEC/TREASURER ☐ Delete
FEDERICO RESTREPO
8180 NW 36 STREET
MIAMI FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRE/SEC/TRE ☒ Change ☒ Addition
FEDERICO RESTREPO

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90043 032 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

4/3/00

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