

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90396 045 \*\*\*150.00

0264023 AV

**DOCUMENT # P99000046907**

1. Entity Name  
**OB SYSTEMS CORP.**

Principal Place of Business  
**6975 N.W. 82 AVE.**  
**VIRGINIA GARDENS FL 33166**

Mailing Address  
**6975 N.W. 82 AVE.**  
**VIRGINIA GARDENS FL 33166**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**6975 NW 82 Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
**6975 N.W. 82 Ave**  
Suite, Apt. #, etc.

City & State  
**Miami FL**  
Zip  
**FL 33166**  
Country  
**USA**

City & State  
**Miami FL**  
Zip  
**33166**  
Country  
**USA**

4. FEI Number **65-0932364**  
Applied For  
☐ Not Applicable

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

**BUSTOS, JULIA**  
**6111 NW 40TH TRAIL**  
**VIRGINIA GARDENS FL 33166**  
**33166**

**915 IBIS Ave**  
**Miami Springs FL**  
**33166**

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 \_\_\_\_\_ (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, 2002 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D BUSTOS, JULIA</b><br><b>3821 N.W. 60 COURT</b><br><b>VIRGINIA GARDENS FL 33166</b><br><b>33166</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> 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: **Julia V. Bustos** **Julia V. Bustos** (305) 629-8110  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 04/09/02 Daytime Phone #

CR2E034 (9/01)