

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90071 008 ***150.00

DOCUMENT # P99000059575

1. Entity Name
PUBLISYSTEMS, INC.

Principal Place of Business
15709 SW 90TH TERRACE
MIAMI FL 33196

Mailing Address
15709 SW 90TH TERRACE
MIAMI FL 33196



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15709 SW 90TH

3. Mailing Address
Rome

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami FL
Zip **33196** **Country** **USA**

City & State
Zip **Country**

4. FEI Number **65-0931382**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORONADO, NESTOR
7360 CORAL WAY
SUITE 21
MIAMI FL 33155

Name

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

City

FL **Zip Code**

7. Name and Address of New Registered Agent

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 **Nestor Coronado**

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, 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

TITLE **PSTD** ☐ **Delete**
NAME **ASHWORTH, GLORIA A**
STREET ADDRESS **15709 SW 90TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ **Delete**
NAME **_____**
STREET ADDRESS **_____**
CITY-ST-ZIP **_____**

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STREET ADDRESS **_____**
CITY-ST-ZIP **_____**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ **Change** ☐ **Addition**
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STREET ADDRESS **_____**
CITY-ST-ZIP **_____**

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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)(f) 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 #

CR2E034 (9/01)