

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063999

1. Entity Name

Aldea-Systems.com, Inc.

FILED
May 20, 2000 8:00 am
Secretary of State

05-20-2000 90011 037 ***150.00

Principal Place of Business

6065 SW 116 STREET
MIAMI FL 33156

Mailing Address

6065 SW 116 STREET
MIAMI FL 33156-4954

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0934757

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

MARDER, MARK A
9400 S DADELAND BLVD
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	D	<input type="checkbox"/> Delete
NAME	SOLORZANO, EDUARDO J	
STREET ADDRESS	6065 SW 116 STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	CANELA, MARIA E	
STREET ADDRESS	6065 SW 116 STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DELGADILLO, CANELA D	
STREET ADDRESS	NO 5 COL VISTA BELLA TIANEPANTLA	
CITY-ST-ZIP	EDO DE MEXICO CP 54050 FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARLOS de LA GUARDIA	
STREET ADDRESS	No 5 Col. VISTA BELLA, TIANEPANTLA	
CITY-ST-ZIP	Edo. de Mexico, CP 54050	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAVIER UGALDE	
STREET ADDRESS	No. 5 Col. VISTA BELLA, TIANEPANTLA	
CITY-ST-ZIP	Edo. de Mexico, CP 54050	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANELA, MARIA E	
STREET ADDRESS	No 5. Col. VISTA BELLA, TIANEPANTLA	
CITY-ST-ZIP	Edo de Mexico, CP 54050	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" 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:

[Signature]

4/25/00