

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 07, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000063999**1. Entity Name  
ALDEA-SYSTEMS.COM, INC.**Principal Place of Business**1001 BRICKELL BAY DRIVE  
SUITE 2608  
MIAMI  
33131

FL

**Mailing Address**1001 BRICKELL BAY DRIVE  
SUITE 2608  
MIAMI  
33131

FL

**2. Principal Place of Business**

2150 CORAL WAY

**3. Mailing Address**

2150 CORAL WAY

Suite, Apt. #, etc.  
SUITE 3CSuite, Apt. #, etc.  
SUITE 3CCity & State  
MIAMI

FL

City & State  
MIAMI

FL

Zip  
33145

Country

Zip  
33145

Country

4. FEI Number  
**65-0934757**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**CARMELINO, SILVANA I.  
ALDEA SYSTEMS COM, INC.  
1001 BRICKELL BAY DRIVE # 2608  
MIAMI  
33131

FL

US

**7. Name and Address of New Registered Agent**

Name

MARDER MARK APA

Street Address (P.O. Box Number is Not Acceptable)  
PENTHOUSE 5, 9400 DADELAND TOWERS

9400 SO. DADELAND BOULEVARD

City  
MIAMI

FL

Zip Code  
33156

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 **MARK A. MARDER****09/07/2001**

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, 2001 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	D	<input checked="" type="checkbox"/> Delete
NAME	UGALDE JAVIER	
STREET ADDRESS	# 5 DANIEL DELGADILLO, COL. VISTA BELLA	
CITY-ST-ZIP	TLANEPLANTA EDO. DE	MX 54050
TITLE	D	<input type="checkbox"/> Delete
NAME	MUNGUA MARIA E	
STREET ADDRESS	# 5 DANIEL DELGADILLO, COL VISTA BELLA	
CITY-ST-ZIP	TLANEPLANTA, EDO, DE	MX 54050
TITLE	D	<input type="checkbox"/> Delete
NAME	UGALIDE JAVIER	
STREET ADDRESS	# 5 COL. VISTA BELLA	
CITY-ST-ZIP	TLANEPLANTA EDO. DE	MX 54050
TITLE	D	<input type="checkbox"/> Delete
NAME	DE LA GUARDIA CARLOS	
STREET ADDRESS	# 5 COL. VISTA BELLA	
CITY-ST-ZIP	TLANEPLANTA EDO. DE	MX 54050
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVEIRA ROBERTO FMR.	
STREET ADDRESS	CALLE 3, NO. 47, OF. 105, FRACC. ALCE BLAN	
CITY-ST-ZIP	NAUCALPAN, ESTADO DE MEXICO	MX 53370
TITLE	DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIGER GUSTAVO EMR.	
STREET ADDRESS	5 AVENIDA 5-55, ZONA 14, TORRE II, OF. 802	
CITY-ST-ZIP	GUATEMALA, GUATEMALA	GU
TITLE	DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA GUARDIA CARLOS AMR.	
STREET ADDRESS	CALLE 3, NO. 47, OF 105, FRACC. INDUSTRIAL	
CITY-ST-ZIP	NAUCALPAN, ESTADO DE MEXICO	MX 53370
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:** Roberto F. Oliveira

Mr.

09/07/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)