

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076664

1. Entity Name

UNITY SYSTEMS, INC.

Principal Place of Business

2250 NW 139TH AVE.  
SUNRISE FL 33323

Mailing Address

2250 NW 139TH AVE.  
SUNRISE FL 33323-5324

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0948238

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STEIN, JEREMY  
2250 NW 139TH AVE.  
SUNRISE FL 33323

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS STEIN, JEREMY  
CITY-ST-ZIP 2250 NW 139TH AVE.  
SUNRISE FL 33323

TITLE ☐ Delete  
NAME P  
STREET ADDRESS VITTOE, BRUCE  
CITY-ST-ZIP 8340 BLACK OLIVE DR.  
TAMARAC FL 33321

TITLE ☐ Delete  
NAME T  
STREET ADDRESS ROSE, GLEN  
CITY-ST-ZIP 5119 HERON CT.  
COCONUT CREEK FL 33073

TITLE ☐ Delete  
NAME S  
STREET ADDRESS PETERS, TROY  
CITY-ST-ZIP 1829 RUNNERS WAY  
N. LAUDERDALE FL 33068

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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)(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**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90027 039 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3/8/2000