

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000086021

1. Entity Name
A.I. SYSTEMS, INC.

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90079 036 ***158.75

Principal Place of Business
1172 S.DIXIE HWY
SUITE #452
CORAL GABLES FL 33146

Mailing Address
1172 S.DIXIE HWY
SUITE #452
CORAL GABLES FL 33146



2. Principal Place of Business
3900 NW 79TH AVE
Suite, Apt. #, etc.
#474

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

City & State

4. FEI Number 65-0951628

Applied For
Not Applicable

Zip 33156 Country USA

Zip Country

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

VILA, RUBEN
1172 S.DIXIE HWY
SUITE #452
CORAL GABLES FL 33146

Name MADRICE ARCADIER, JD
Street Address (P.O. Box Number is Not Acceptable) 9703 S. DIXIE HWY #20
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 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1/14/02

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 P
NAME VILA, RUBEN
STREET ADDRESS 1172 S.DIXIE HWY, SUITE #452
CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 signature empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02 Date

305-8957-7557 Daytime Phone #

CR2E034 (9/01)