2004 UNIFORM BUSINESS REPORT (UBR)

May 11, 2001 8:00 am Secretary of State DOCUMENT # P99000091282 1. Entity Name EBUSINESS SYSTEMS, INC. 05-11-2001 90037 037 ***150.00 Principal Place of Business Mailing Address 20041 NW 13TH CT. 20041 NW 13TH CT. MIAMI FL 33169 MIAMI FL 33169 2. Principal Place of Busi 004 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE & State 4. FEI Number Applied For 65-0954489 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBB, DONOVON E Street Address (P.O. Box Number is Not Acceptable) 20041 NW 13TH CT. **MIAMI FL 33169** City Zip Code 8. The above named changing its registered office or regis the State of Florida. r the purpos laent, or both, SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00_May.Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) Addition TITLE ☐ Delete TITLE ☐ Change DONOVON, ROBB NAME STREET ADDRESS STREET ADDRESS 20041 NW 13CT CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33169** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 eath; that I am an officer or director of the corporation or the eceiver or trustee empowered plexecute 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 attac er like empowered.

ED NAME OF SIGNING OFFICER OR DIRECTOR