

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095189

1. Entity Name

A 2 K SYSTEMS CORP.

Principal Place of Business

6175 N.W. 167TH STREET
#G8
MIAMI FL 33015

Mailing Address

6175 N.W. 167TH STREET
#G8
MIAMI FL 33015

2. Principal Place of Business

3340 NW 102 ST

3. Mailing Address

3340 NW 102 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0968112

Applied For

Not Applicable

Zip

33147

Country

Zip

33147

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRANADO, GABRIEL
6175 N.W. 167TH STREET
#G8
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name Gabriel Granado

Street Address (P.O. Box Number is Not Acceptable)

3340 NW 102 ST

City Miami

FL

Zip Code 33147

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 BD
NAME GRANADO, GABRIEL
STREET ADDRESS 6175 N.W. 167TH STREET #G8
CITY-ST-ZIP MIAMI FL 33015

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE 2D
NAME Gabriel Granado
STREET ADDRESS 3340 NW 102 ST
CITY-ST-ZIP Miami, FL 33147

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/5/2000

Date

305-216-5617

Daytime Phone #

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90237 030 ***550.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)