

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107275

1. Entity Name

SYSTEMS WAREHOUSE, INC.

Principal Place of Business

3711 RIVERSIDE DRIVE  
CORAL SPRINGS FL 33065

Mailing Address

3711 RIVERSIDE DRIVE  
CORAL SPRINGS FL 33065

2. Principal Place of Business

3249 CORAL LAKE DR.

3. Mailing Address

3249 CORAL LAKE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

CORAL SPRINGS FLORIDA

City &amp; State

CORAL SPRINGS FLORIDA

Zip  
33065Country  
USAZip  
33065Country  
USA

4. FEI Number

65-1003055

Applied For

Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PASTOR, EMILIO C ESQ.  
255 UNIVERSITY DRIVE  
CORAL SPRINGS FL 33134

7. Name and Address of New Registered Agent

Name OSCAR AMADO

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

1808A NW 29 STR.

City OAKLAND PARK

FL

Zip Code 33311

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

04-19-2001

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 State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	D PARDO-FIGUEROA, MARIA D JAVIER PRADO OESTE 355 MAGDALENA DEL MAR LIMA 17, PERU FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES/V.P. MARIA TICERAN 3249 CORAL LAKE DR. CORAL SPRINGS FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 ~~or supersede~~, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-19-2001

(954)235-3799  
Daytime Phone #

CR2E034 (10/00)

U120020