

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90241 016 ***150.00

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.
 Suite, Apt. #, etc.**

3. Mailing Address

**3249 CORAL LAKE DR.
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

CORAL SPRINGS FLORIDA

City & State

CORAL SPRINGS FLORIDA

4. FEI Number

65-1003055

Applied For

Not Applicable

Zip

33065

Country

USA

Zip

33065

Country

USA

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

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]

Signature typed and 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 State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **PARDO-FIGUEROA, MARIA D**
 STREET ADDRESS **JAVIER PRADO OESTE 355 MAGDALENA DEL MAR**
 CITY-ST-ZIP **LIMA 17, PERU FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES/V.P.** ☒ Change ☐ Addition
 NAME **MARIA TIGERAN**
 STREET ADDRESS **3249 CORAL LAKE DR.**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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 correct address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-19-2001

Date

(954) 235-3799

Daytime Phone #

CR2E034 (10/00)