2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 90493 001 ****35.00
05-23-2001 90493 002 ***158.75

DOCUMENT # P99000109775

1. Entity Name
SYSTEMATION, INC.

Principal Place of Business	Mailing Address
6984 NW 8ST	SAME
MARGATE FL 33063	

73500
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0971697 ☐ Applied For ☐ Not Applicable

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
SPIEGEL & UTRERA P.A.	Name PETER MINKA
343 ALMERIA AVE	Street Address (P.O. Box Number is Not Acceptable) 6984 NW 8ST
CORAL GABLES, FL 33134	City MARGATE FL Zip Code 33063

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 _____ PETER MINKA 5/14/01
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 $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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT PETER MINKA 6984 NW 8ST MARGATE FL 33063	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT PETER MINKA 6984 NW 8ST MARGATE FL 33063	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER PETER MINKA 6984 NW 8ST MARGATE FL 33063	☐ Delete		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY PETER MINKA 6984 NW 8ST MARGATE FL 33063	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR PETER MINKA 6984 NW 8ST MARGATE, FL 33063	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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: _____ PETER MINKA PRES 5/14/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Attachment

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

#P99000109775
73498
73500

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes: the undersigned corporation organized under the laws of the State of FLORIDA *submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation : SYSTEMATION, INC.

2. The mailing address of the corporation : 6984 NW 8ST
MARGATE FL 33063

3. Date of incorporation/qualification: 1/1/2000 Document number: P99000109775

4. The name and address of the current registered agent and office:
SPIEGEL & UTRERA P.A.
343 ALMERIA AVE
CORAL GABLES, FL 33134

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box **Not** Acceptable)
PETER MINKA
6984 NW 8ST
MARGATE, FL 33063

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Signature of an officer, chairman or vice chairman of the board) — 5/14/01 (Date)

PETER MINKA VP
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

(Signature of Registered Agent) — 5/14/01 (Date)

If signing on behalf of an entity:

(Typed or Printed Name) — (Capacity)

*** * * FILING FEE: $35.00 * * ***

CR2E045(9/00)

DIVISION OF CORPORATIONS P. O. BOX 6327 TALLAHASSEE, FL 32314