

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S45944

1. Entity Name

AIXIS SUPPORT SYSTEMS, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90031 008 ***150.00

Principal Place of Business

Mailing Address

7502 NW 40TH STREET
CORAL SPRINGS FL 33065
US

2401 JAMESTOWN COMMONS
HILLSBOROUGH NJ 08876-4329

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0267607**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEHRER, THOMAS H.
ONE E. BROWARD BLVD.
PEHTHOUSE OFFICE SUITE
FT. LAUDERDALE FL 33301

Name

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

City

FL

Zip Code

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 \$150.00.
After MAY 1, 2000 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	PTS	<input type="checkbox"/> Delete
NAME	BLAZEJEWSKI, ELIZABETH	
STREET ADDRESS	2401 JAMESTOWN COMMONS	
CITY-ST-ZIP	HILLSBOROUGH NJ 08876	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BLAZEJEWSKI, FRANK	
STREET ADDRESS	2401 JAMESTOWN COMMONS	
CITY-ST-ZIP	HILLSBOROUGH NJ 08876	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3281 East Golf Blvd Suite #1	
STREET ADDRESS	Pompano Beach, FL 33064	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3281 East Golf Blvd Suite #1	
STREET ADDRESS	Pompano Beach, FL 33064	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-00

Date

(908-904-1545)

Daytime Phone #

CR2E034 (9/99)