

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S87246

1. Entity Name

TECSYSTEM AMERICA, INC.

Principal Place of Business

11911 ROYAL PALM BLVD. #201
CORAL SPRINGS FL 33065
US

Mailing Address

11911 ROYAL PALM BLVD. #201
CORAL SPRINGS FL 33065
US

2. Principal Place of Business

14288 NW 19 Street

3. Mailing Address

14288 NW 19 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, Florida

City & State

Pembroke Pines FL

Zip

33028

Country

US

Zip

33028

Country

US

4. FEI Number

65-0295771

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAROLI, MIGUEL

11911 ROYAL PALM BLVD. #201
CORAL SPRINGS FL 33065

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 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 PD
NAME CAROLI, MIGUEL ☐ Delete
STREET ADDRESS 11911 ROYAL PALM BLVD. #201
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME CAROLI, Miguel
STREET ADDRESS 14288 NW 19 Street
CITY-ST-ZIP PEBROKE Pines, FL 33028

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90064 001 *****8.75

05-17-2001 90064 002 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)