

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90098 009 ***150.00

DOCUMENT # S87246

1. Entity Name
TECSYSTEM AMERICA, INC.



Principal Place of Business
**14288 NW 19 STREET
PEMBROKE PINES FL 33028
US**

Mailing Address
**14288 NW 19 STREET
PEMBROKE PINES FL 33028
US**



2. Principal Place of Business

1023 NW 139th Ter

Suite, Apt. #, etc.

3. Mailing Address

1023 NW 139th Terrace

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Pembroke Pines FL

City & State
Pembroke Pines FL

4. FEI Number
65-0295771

Applied For
Not Applicable

Zip
33028

Country
USA

Zip
33028

Country
USA

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**

7. Name and Address of New Registered Agent

Name
1023 NW 139 TERRACE

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

City **Pembroke Pines** **FL** Zip Code **33028**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Miguel CAROLI**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/02/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CAROLI, MIGUEL
14288 NW 19 STREET
PEMBROKE PINES FL 33028** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Miguel CAROLI
1023 NW 139 Terrace
Pembroke Pines FL 33028** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE MIGUEL CAROLI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/02/03

Date

954-4317608

Daytime Phone #

CR2E034 (10/02)