FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2004 8:00 am
Secretary of State
03-11-2004 90021 015 ***150.00

DOCUMENT # V12516

1. Entity Name
DISYS CORP.

DO NOT WRITE IN THIS SPACE

24019136

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
1121 CRANDON BOULEVARD		
Suite, Apt. #, etc.: SUITE D108	Suite, Apt. #, etc.	
City & State: KEY ISCAYNE, FL	City & State	4. FEI Number: 65-0311885 ☐ Applied For ☐ Not Applicable
Zip: 33149 Country: USA	Zip / Country	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: SEMET LICKSTEIN MORGENSTERN BERGER FRIEND

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

201 ALHAMBRA CIRCLE

City: CORAL GABLES FL Zip Code: 33134

6. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

8. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FRANK, SEYMOUR PRESIDENT 1121 CRANDON BLVD KEY BISCAYNE, FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SINETAR, SIDNEY SECRETARY 27 PARK AVE. LIDO BEACH, NY
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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CR2E034B (12/02)

10. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sidney Sinetar SIDNEY SINETAR, SEC'Y 3/6/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #