

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90061 048 \*\*\*150.00

**DOCUMENT # P98000021383**

1. Entity Name  
**COMPUTIP INC.**

Principal Place of Business  
**12000 BISCAYNE BLVD.**  
**#806**  
**MIAMI FL 33181**

Mailing Address  
**12000 BISCAYNE BLVD.**  
**#806**  
**MIAMI FL 33181**

2. Principal Place of Business  
**2999 NE 191 ST.**  
 Suite, Apt. #, etc.  
**#407**

3. Mailing Address  
**2999 NE 191 ST.**  
 Suite, Apt. #, etc.  
**#407**

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

4. FEI Number **65-0827942**

Applied For  
 Not Applicable

Zip **33180**

Country **USA**

Zip **33180**

Country **USA**

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

**GARBER, HAROLD M**  
**12000 BISCAYNE BLVD., #806**  
**MIAMI FL 33181**

Name  
**GARBER, HAROLD M.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2999 NE 191 ST. #407**  
 City **MIAMI** FL **33180**

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 *Harold M. Garber*

DATE **4/15/2002**

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, 2002 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	<input type="checkbox"/> Delete
P	<b>GARBER, HAROLD M</b>	<b>12000 BISCAYNE BLVD., #806</b>	<b>MIAMI FL 33181</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>2999 NE 191 ST. #407</b>	<b>MIAMI, FL 33180</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Harold M. Garber* **HAROLD M. GARBER, PRESIDENT** 4-15-2002 305-466-2274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

U293907 AV

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE