


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90184 044 \*\*\*150.00

**DOCUMENT # P99000058972**

1. Entity Name  
**BIZTEC COMPUTER SOLUTIONS, INC.**



Principal Place of Business  
**1600 SOUTH DIXIE HWY  
SUITE #203  
BOCA RATON FL 33432  
US**

Mailing Address  
**1600 SOUTH DIXIE HWY  
SUITE #203  
BOCA RATON FL 33432  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0930505**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RUBENSTEIN, ADAM  
1600 SOUTH DIXIE HWY STE 203  
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

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. 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)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete

NAME **D RUBENSTEIN, ADAM**

STREET ADDRESS **9622 PARKVIEW AVE**

CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE  Change  Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  Delete

NAME **D FLEMING, WILLIAM S**

STREET ADDRESS **2490 NW 43RD ST**

CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE  Change  Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  Delete

NAME

STREET ADDRESS

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CITY-ST-ZIP

TITLE  Change  Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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: Adam Rubenstein **SIGNATURE REQUIRED** Adam Rubenstein 2/18/03 561-347-0080  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)