

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 394253

1. Entity Name

COMPUTER CENTER INC. OF MIAMI

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90095 006 ***550.00

Principal Place of Business

7374 SW 48TH STREET
MIAMI FL 33155
US

Mailing Address

7374 SW 48TH STREET
MIAMI FL 33155-5523
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1373758**

Applied For

Not Applicable

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

RODRIGUEZ, SARA
6321 SW 41 AVE.
MIAMI FL 33165

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.

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, 2000 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 ☐ Delete
NAME **P**
STREET ADDRESS **NICHOLS, F O**
CITY-ST-ZIP **6585 SW 69TH AVE**
MIAMI FL

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **NICHOLS, SUE C**
CITY-ST-ZIP **6585 SW 69TH AVE**
MIAMI FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 #

6-30-2000 305
662-9411

CR2E034 (9/99)

Attachment
DH 394253
DU78630

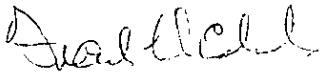
Division of Corporations
Uniform Business Report
P.O.Box 1500
Tallahassee, Fl. 32302

Ladies/Gentlemen

6/30/2000

My last remittance to your agency was returned for reasons I do not understand. Enclosed is our remittance for the current year. While we have been in business for 30 years, we have one employee and if I knew how I would no longer be a Florida corporation.

Yours Truly,



Frank Nichols
7374 Sw 48 Street
Miami, Fl. 33155
305-662-9411