

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 662258

1. Entity Name
SIGN-ON COMPUTER SERVICES, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90265 041 ***150.00

Principal Place of Business

8390 NW 53 STREET
SUITE 202
MIAMI FL 33166
US

Mailing Address

8390 NW 53 STREET
SUITE 202
MIAMI FL 33166
US

2. Principal Place of Business

Drive
7255 Corporate Center

Suite, Apt. #, etc.

Bay A

City & State

Miami, FL

Zip

33126

Country

Dade

3. Mailing Address

Drive
7255 Corporate Center

Suite, Apt. #, etc.

Bay A

City & State

Miami, FL

Zip

33126

Country

Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1996322

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEISTAND, STEVEN
8390 NW 53RD STREET
SUITE 202
MIAMI FL 33166

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.

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, 2001 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

TITLE PD
NAME HEISTAND, STEVEN
STREET ADDRESS 1051 FAIRFAX LANE
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE V
NAME WISOLMERSKI, MICHAEL
STREET ADDRESS 20141 NW 10 STREET
CITY-ST-ZIP PEMBROKE PINES FL 33029 ☐ Delete

TITLE V
NAME MCELVEEN, STEPHEN P JR
STREET ADDRESS 1621 SW 105 LANE
CITY-ST-ZIP DAVIE FL 33324 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Co-President
NAME Silva, Anthony
STREET ADDRESS 13507 SW 59 Ave.
CITY-ST-ZIP Miami, FL 33156 ☐ Change ☒ Addition

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

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

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

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

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

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 #

CR2E034 (10/00)