

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90014 027 ***150.00

DOCUMENT # F79743

1. Entity Name

COMPUQUIP TECHNOLOGIES, INC.

Principal Place of Business

4506 S. W. 74TH AVE
MIAMI FL 33155
US

Mailing Address

PO BOX 55 7219
MIAMI FL 33155
US

2. Principal Place of Business

8399 N. W. 30th Terrace

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Miami, Florida

City & State

Zip

33122-1916

Country

USA

Country

4. FEI Number **59-2189948**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DOSAL, ALBERTO
4506 SW 74 AVE
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name

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

8399 N. W. 30th Terrace

City

Miami

FL

Zip Code

33122-1916

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, 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 ☐ Delete
 NAME **P**
 STREET ADDRESS **DOSAL, ALBERTO**
 CITY-ST-ZIP **4506 SW 74 AVE**
MIAMI FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **8399 N. W. 30th Terrace**
 CITY-ST-ZIP **Miami, FL 33122-1916**

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **DOSAL, LOURDES**
 CITY-ST-ZIP **4506 SW 74 AVE**
MIAMI FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **8339 N. W. 30th Terrace**
 CITY-ST-ZIP **Miami, FL 33122-1916**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

Alberto Dosal
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 436-7272

Daytime Phone #

CR2E034 (9/01)