

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005149

Entity Name
PI/COMPUSYSTEMS, LTD.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90155 025 ***150.00

Principal Place of Business

500 HOLLYWOOD BLVD
SUITE 215
HOLLYWOOD FL 33020
US

Mailing Address

2835 HOLLYWOOD BLVD
2ND FLOOR
HOLLYWOOD FL 33020
US

00063440



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2835 Hollywood Blvd
Suite, Apt. #, etc.
2nd floor

City & State
Hollywood, FL

Zip
33020

Country
USA

3. Mailing Address

532 Madison Ave.
Suite, Apt. #, etc.
6th floor

City & State
New York, NY

Zip
10022

Country
USA

4. FEI Number
88-0274608

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MUNIZ, DAVID
2835 HOLLYWOOD BLVD
2ND FLOOR
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

1. OFFICERS AND DIRECTORS

TITLE	PCOD	<input type="checkbox"/> Delete
NAME	MUNIZ, DAVID	
STREET ADDRESS	2500 HOLLYWOOD BLVD, SUITE 215	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	STREETER, THERON	
STREET ADDRESS	2848 N.E. 35TH COURT	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNIZ, David	
STREET ADDRESS	2848 NE 35 Court	
CITY-ST-ZIP	Ft Lauderdale, FL 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/02 212 755 1999
Date Daytime Phone #

CP2E034 (9/01)