

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001457

1. Entity Name

PSB COMPUTER CONSULTANTS INC. PYA SOLUTIONS INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90160 009 ***150.00

Principal Place of Business

Mailing Address

3333 GRAHAM BLVD.. #400
MONTREAL QUEBEC CANADA H3R -3L5

3333 GRAHAM BLVD.. #400
MONTREAL QUEBEC CANADA H3R

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 CP ☐ Delete
NAME PTACK, MORTON
STREET ADDRESS 4175 ST. CATHERINE WEST #904
CITY-ST-ZIP MONTREAL QUEBEC CANADA H3R -3L5

TITLE ☒ Change ☐ Addition
NAME **CS**
STREET ADDRESS **PTACK, MORTON**
CITY-ST-ZIP **4175 ST. CATHERINE WEST #904**
MONTREAL, QUEBEC CANADA H3R -3L5

TITLE CS ☒ Delete
NAME SCHNARCH, ROBERT
STREET ADDRESS 2333 SHERBROOKE ST. WEST #215
CITY-ST-ZIP MONTREAL QUEBEC CANADA H3H -2T6

TITLE ☐ Change ☒ Addition
NAME **CP**
STREET ADDRESS **YOUNG, LAWRENCE**
CITY-ST-ZIP **313 BAFFIN**
DOLLARD DES ORMEAUX, QUEBEC H9A-3G4

TITLE DV ☒ Delete
NAME FOGEL, MICHAEL
STREET ADDRESS 3624 NORTH CLIFFE
CITY-ST-ZIP MONTREAL QUEBEC CANADA H4A -3K7

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

TITLE DT ☒ Delete
NAME BASEVITZ, ELLIS
STREET ADDRESS 840 BERTRAND
CITY-ST-ZIP MONTREAL QUEBEC CANADA H4M -1V9

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

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
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 reports 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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LAWRENCE YOUNG

APR 10/00

514-341-5511

CR2E034 (9/99)