

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J45248

1. Entity Name

STANDARDIZED COMPUTER SERVICES OF BOCA RATON, IN

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90078 024 ***150.00

Principal Place of Business

Mailing Address

EAST 84TH STREET

351 EAST 84TH STREET

YORK NY 10028

#16-D

NEW YORK NY 10028-4456

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 13-3127107

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

WOLF, JORGE L ESQUIRE
2875 N.E. 191ST STREET
STE 500
AVENTURA FL 33180

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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11.

OFFICERS AND DIRECTORS

TITLE

☐ DeletePD
GANN, LYNN
351 EAST 84TH STREET., #16D
NEW YORK NY 10028

STREET ADDRESS

ST-ZIP

STREET ADDRESS

ST-ZIP

STREET ADDRESS

ST-ZIP

STREET ADDRESS

ST-ZIP

TITLE

☐ Delete

STREET ADDRESS

ST-ZIP

STREET ADDRESS

ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

☐ Change☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

CITY-ST-ZIP

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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 (9/99)