

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J81035

1. Entity Name

COMPUTER LETTERING CO., INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90126 034 ***150.00

Principal Place of Business 1530 NORTH FEDERAL HWY. POMPANO BEACH FL 33062	Mailing Address 1530 NORTH FEDERAL HWY. POMPANO BEACH FL 33062-8237
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2. Principal Place of Business Suite, Apt. #, etc. 535 S. FLAGLER Ave.	3. Mailing Address Suite, Apt. #, etc. 535 S. FLAGLER Ave
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City & State Pompano Beach, FL	City & State Pompano Beach FL
Zip 33060	Zip 33060
Country USA	Country USA

4. FEI Number -65-0032088	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STUART S. CHERNOFF 833 N.W. 47TH STREET POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent Name STUART S. CHERNOFF Street Address (P.O. Box Number is Not Acceptable) 23027 Sunfield Dr. City BOCA RATON FL Zip Code 33433
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHERNOFF, STUART S. 833 N.W. 47TH ST POMPANO BEACH FL 23027 Sunfield Dr. BOCA RATON, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHERNOFF, MICHAEL H. 167 YACHT CLUB WAY, #106 HYPOLUXO FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>STUART S. CHERNOFF</u> Date: <u>4/19/00</u> Daytime Phone #: <u>954 782-2267</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	

CR2E034 (9/99)