

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90057 002 \*\*\*150.00

**DOCUMENT # J82054**

1. Entity Name  
**COMPUDOXS, INC.**

Principal Place of Business  
**2121 PONCE DE LEON BLVD.  
505 203  
CORAL GABLES FL 33134  
US**

Mailing Address  
**2121 PONCE DE LEON BLVD. 306 ALCARAZ  
505 203  
CORAL GABLES FL 33134  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**306 ALCARAZ Ave**  
Suite, Apt. #, etc.  
**203**

3. Mailing Address  
**306 ALCARAZ Ave**  
Suite, Apt. #, etc.  
**203**

City & State  
**Coral Gables**

Zip  
**33134**

Country  
**USA**

4. FEI Number  
**59-2827104**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**LARRIER, SILVIA L.  
2121 PONCE DE LEON BLVD. 306 ALCARAZ Ave  
SUITE 505 203  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent  
**Silvia L. LARRIER**  
Street Address (P.O. Box Number is Not Acceptable)  
**306 ALCARAZ Avenue**  
**Suite 203**  
City  
**Coral Gables** FL Zip Code  
**33134**

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D LARRIER, SILVIA L. 2121 PONCE DE LEON BLVD., STE 505 CORAL GABLES FL</b> <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
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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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
**2-23-2001**

Daytime Phone #  
**442-8778**

CR2E034 (10/00)