

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K11102

1. Entity Name
COMPUNET, INC.

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90009 002 ***550.00

0095633
AV 2/39500

Principal Place of Business

6600 NW 27TH AVE
W-201
MIAMI FL 33147

Mailing Address

20830 NE MIAMI COURT
C/O ALVIN SMITH
MIAMI FL 33179

US

US

00075899



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6600 N.W. 27 AVE

Suite, Apt. #, etc.

A3

City & State

Miami, FL

Zip

33147

Country

DADE

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0033731

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, ALVIN
20830 NE MIAMI CT
MIAMI FL 33149

7. Name and Address of New Registered Agent

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 ALVIN Todd Smith, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

8/27/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE PS
NAME SMITH, ALVIN
STREET ADDRESS 20830 NE MIAMI CT
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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 an officer line empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

8/27/01

305-693-5553

CR2E034 (5/01)