

FILED
Mar 04, 2003 8:00 am
Secretary of State

02-12-2003 90002 021 ****55.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

2/

DOCUMENT # L02000025591

1. Entity Name
COMPTech SOLUTIONS LTD. CO.



55013563

Principal Place of Business
**5600 NW 15TH ST. #7
LAUDERHILL FL 33313**

Mailing Address
**5600 NW 15TH ST. #7
LAUDERHILL FL 33313**

2. Principal Place of Business

3. Mailing Address

Maurice Graham

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO Box 120531

City & State

City & State

Ft. Lauderdale, Florida

Zip

Country

Zip

Country

33312

USA

4. FEI Number

52-2383240

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRAHAM, MAURICE S
5600 NW 15TH ST. #7
LAUDERHILL FL 33313**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GRAHAM, MAURICE S
5600 NW 15TH ST. #7
LAUDERHILL FL 33313**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GRAHAM, DAWN
5600 NW 15TH ST. #7
LAUDERHILL FL 33313**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change

☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

02/18/03 954-5886509

Date

Daytime Phone #

CR2E083 (10/02)