

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L27451

1. Entity Name

L & R TELECOMPUTER SERVICES, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90010 028 ***150.00

Principal Place of Business

1111 KANE CONCOURSE
#302
BAY HARBOR ISLAND FL 33154
US

Mailing Address

1111 KANE CONCOURSE
#302
BAY HARBOR ISLAND FL 33154-2041
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0169023

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SCHWARTZ, GERALD K
1101 BRICKELL AVENUE
M-100
MIAMI FL 33131

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

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 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 P
NAME RICE, ROBERT L
STREET ADDRESS 1111 KANE CONCOURSE, SUITE 302
CITY-ST-ZIP BAY HARBOR ISLANDS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPS
NAME PARETS, ANGEL
STREET ADDRESS 1482 WASHINGTON AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS
NAME SCHWARTZ, GERALD K
STREET ADDRESS 1101 BRICKELL AVENUE, M-100
CITY-ST-ZIP MIAMI FL 33131

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

ROBERT L. RICE

2-29-2000 3058645646

Date

Daytime Phone #

CR2E034 (9/99)