

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L45862

1. Entity Name

COMPUTER CENTER OF DAVIE, INC.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90084 011 \*\*\*150.00

Principal Place of Business

Mailing Address

3716 S.W. 64TH AVE.  
DAVIE FL 33314-2410

3716 S.W. 64TH AVE.  
DAVIE FL 33312-6900

2. Principal Place of Business

3201 Griffin Rd  
Suite, Apt. #, etc.

100

City & State  
Ft. Lauderdale FL

Zip  
33312

Country  
US

3. Mailing Address

3201 Griffin Rd  
Suite, Apt. #, etc.

PO

City & State  
Ft. Lauderdale FL

Zip  
33312

Country  
US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0172059

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAMBERT, MICHAEL A  
3748 S.W. 64TH AVE.  
DAVIE FL 33314

7. Name and Address of New Registered Agent

Name Lambert, Michael A

Street Address (P.O. Box Number is Not Acceptable)

3201 Griffin Rd

Suite 100

City Ft. Lauderdale

FL

Zip Code 33312

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

429-00

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CEO	LAMBERT, MICHAEL A	451 NW 68TH AVE	PLANTATION FL 33317	<input type="checkbox"/>
V	LAMBERT, DEBORAH	451 NW 68TH AVE	PLANTATION FL 33317	<input type="checkbox"/>
P	MATUSZAK, CHRISTINE	451 NW 68TH AVE	PLANTATION FL 33317	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Daytime Phone #

4-29-00

954-962-1511

CR2E034 (9/99)