

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 11, 2000 08:00 AM  
Secretary of State

DOCUMENT # L99000009015

1. Entity Name  
COMP-U-TECH, LLC

Principal Place of Business  
7901 NW 175 STREET

HIALEAH  
33015

FL

Mailing Address  
7901 NW 175 STREET

HIALEAH  
33015

FL

2. Principal Place of Business  
506 DURANGO LOOP ST.

3. Mailing Address  
506 DURANGO LOOP ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
DAVENPORT

FL

City & State  
DAVENPORT

FL

4. FEI Number

Applied For

☒ Not Applicable

Zip  
33837

Country

Zip  
33837

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 E. PARK AVENUE

TALLAHASSEE  
32301

US

FL

## 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

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

(NOTE: Registered Agent signature required when reinstating)

07/11/2000

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

## 9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
RUIZ ANTHONY MGR  
506 DURANGO LOOP ST.  
DAVENPORT FL 33837

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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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.