

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90121 027 \*\*\*150.00

DOCUMENT #. P.00000001216

**1. Entity Name**

CONTACT MANAGEMENT SOLUTIONS, INC.

**Principal Place of Business**

2139 UNIVERSITY DR  
 SUITE 216  
 CORAL SPRINGS FL 33011

**Mailing Address**

2139 UNIVERSITY DR  
 SUITE 216  
 CORAL SPRINGS FL 33011

**2. Principal Place of Business**

1300 SAWGRASS CORP PKWY

**3. Mailing Address**

1300 SAWGRASS CORP PKWY

Suite, Apt. #, etc.

SUITE 310

Suite, Apt. #, etc.

SUITE 310

City & State

SUNRISE FL

City & State

SUNRISE FL

Zip

33323

Country

USA

Zip

33323

Country

USA

**4. FEI Number**

65-0983396

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

C0053224

**6. Name and Address of Current Registered Agent**

PARALOGAL & ATTORNEY SERVICES, BUREAU, INC.  
 1406 HAYS STREET  
 SUITE 2  
 TALLAHASSEE FL 32301

**7. Name and Address of New Registered Agent**

Name: LS MAURIEL  
 Street Address (P.O. Box Number is Not Acceptable): 1300 SAWGRASS CORP PKWY SUITE 310  
 City: SUNRISE FL Zip Code: 33323

**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:  LS MAURIEL

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

(NOTE: Registered Agent signature required when reinstating)

4/16/01

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, 2001 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ONG-LONG-LOCK	
STREET ADDRESS	1300 SAWGRASS CORP PKWY #310	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORCK-KEIT-LUONG	
STREET ADDRESS	1300 SAWGRASS CORP PKWY #310	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	TO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM BOONG	
STREET ADDRESS	1300 SAWGRASS CORP PKWY 310	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIEL TOWOTIE	
STREET ADDRESS	1300 SAWGRASS CORP PKWY 310	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

Daytime Phone #

CR2E034 (11/00)