

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90223 019 ***150.00

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DOCUMENT # P00000026979

1. Entity Name
COMPIQUIM CORP.

Principal Place of Business
18459 PINES BLVD.
SUITE 342
PEMBROKE PINES FL 33029

Mailing Address
18459 PINES BLVD.
SUITE 342
PEMBROKE PINES FL 33029



2. Principal Place of Business

3. Mailing Address

4474 Weston Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 104

City & State

City & State

WESTON, FL

Zip

Country

33331

Country

USA

4. FEI Number

65-0991904

Applied For

Not Applicable

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

TOVAR, HEANA A ESQ.
9900 STIRLING ROAD
SUITE 240
COOPER CITY FL

Name

PAOLA MENTRASTI

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

4474 WESTON RD.

SUITE 104

City

WESTON

FL

Zip Code

33331

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. ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 **PSD** ☐ Delete
NAME **MENTRASTI, PAOLA**
STREET ADDRESS **18459 PINES BLVD. SUITE 342**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Paula Rossie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/02 (954) 805-3211

Date

Daytime Phone #

CR2E034 (9/01)