

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000032994

1. Entity Name

HI-TECH COMPUTER SYSTEMS, INC.

Principal Place of Business

Mailing Address

11022 N.E. 10TH AVENUE  
MIAMI FL 33161

11022 N.E. 10TH AVENUE  
MIAMI FL 33161

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0995538

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

GLEN, HENRY A.

11022 N.E. 10TH AVENUE  
MIAMI FL 33161

Name

LUZ MARY MEDINA

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

11022 N.E. 10 AVENUE

City

Miami

FL

Zip Code

33161

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

*Henry A. Glen* *2/14/01*

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

(NOTE: Registered Agent signature required when resigning)

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	PD	<input type="checkbox"/> Delete
NAME	GLEN, HENRY A	
STREET ADDRESS	11022 N.E. 10TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	VO	<input checked="" type="checkbox"/> Delete
NAME	GLEN, MARY	
STREET ADDRESS	11022 N.E. 10TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MEDINA, LUZ MARY	
STREET ADDRESS	11022 N.E. 10TH AVE.	
CITY-ST-ZIP	MIAMI FL 33161	
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		<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		
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		
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:

*Henry A. Glen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/14/01*

Date

Daytime Phone #

FILED  
May 11, 2001 8:00 am  
Secretary of State

04-10-2001 90051 015 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)