FILED 5/ 2001 UNIFORM BUSINESS REFORT (UBR) Jul 06, 2001 8:00 am DOCUMENT # P0000049852 **Secretary of State** 05-10-2001 90098 035 ***150.00 COMPUTER MAINTENANCE SERVICE INC. Principal Place of Business Mailing Address 6261,NW 17TH ST. 6261 NW 17TH ST. SUNRISE FL 33313 SUNPISE FL 33313 3. Mailing Address 2. Principal Place of Business 6261 NW 17 PH ST. 6261 NW 17 78 5% DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0990920 Not Applicable SUNCISE Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33313 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RIVERA, RICARDO Street Address (P.O. Box Number is Not Acceptable) 6261 N.W. 17TH ST. SUNRISE FL 33313 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition ☐ Change Delete TITLE CLARDO RIVERST. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SECLATINEY ☐ Change ☐ Addition TITLE Delete TITLE MARIA RIVER NAME NAME 6261 NW. 17 TUST STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FL 33313 ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/00/01

954-777-9984

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PLANT MANAGER FORT LAUDERDAL

POO 00 00 49852

Dear Postal Customer

The enclosed was found to be either loose in the mail or damaged in handling at this Postal Facility.

We are fully aware that the mail you receive is important to you. Realizing this, each employee at the Fort Lauderdale Post Office is making every effort to expeditiously-handle, without damage, each piece of mail that they have been entrusted with. Nevertheless, an occasional mishap will occur.

This facility handles an excess of three million pieces of mail daily. Therefore, it is necessary that automated and mechanical systems be employed by the Postal Service to ensure our customers of prompt and efficient delivery of their mail. At times, a malfunction will occur which inadvertently damages the mail. We are constantly working to improve our processing methods so that these incidents will be eliminated. You can help us greatly in our efforts if you will continue to properly prepare and address each letter or parcel that you enter in the mail stream.

We appreciate your concern and sincerely regret any inconvenience you may have experienced as a result of this occurrence.

Plant Manager
Fort Lauderdale Processing & Distribution Center

Enclosure