FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91560 004 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000058059

1. Entity Name: HR COMPUTER SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1866 N.W. 82nd Ave.		P.O. BOX 521110	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami, FL.		City & State: Miami, FL.	
Zip: 33126	Country: USA	Zip: 33152	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1018215 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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

Name: Hector Ruiz

Street Address (P.O. Box Number is Not Acceptable): 2102 N. E. 167 St. # R-1

City: N. Miami Beach FL Zip Code: 33162

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: Hector Ruiz 4/5/02
(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. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	D, P	TITLE	
NAME	RUIZ, HECTOR	NAME	
STREET ADDRESS	2102 N.E. 167 St. #R-1	STREET ADDRESS	
CITY-ST-ZIP	N. Miami Beach, FL. 33162	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: HECTOR RUIZ PRESIDENT 4/5/02 (305) 525-6307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #