

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90113 023 ***150.00

CR2E034 (9/01)

DOCUMENT # P00000071472

1. Entity Name

COMPUTEL SYSTEM INTERNATIONAL, CORP.

Principal Place of Business

6991 NW 82 AVENUE

#7

MIAMI FL 33166

Mailing Address

6991 NW 82 AVENUE

#7

MIAMI FL 33166

2. Principal Place of Business

6951 NW 82 AVENUE

Suite, Apt. #, etc.

3. Mailing Address

6951 NW 82 NO AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

65-1028173

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OLARTE, OSCAR R
8161 NW 67 STREET
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name
OLARTE, OSCAR R
Street Address (P.O. Box Number is Not Acceptable)
6951 NW 82 AVE
City
MIAMI FL **33166**

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]

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

(NOTE: Registered Agent signature required when reinstating)

1/24/02
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, 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

TITLE **PD** ☐ Delete
NAME **OLARTE, OSCAR R**
STREET ADDRESS **8161 NW 67 STREET**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **VD** ☐ Delete
NAME **MURCIA BARBOSA, GERMAN F**
STREET ADDRESS **8161 NW 67 STREET**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **OLARTE, OSCAR R**
STREET ADDRESS **6951 NW 82 NO AVE**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **VD** ☒ Change ☐ Addition
NAME **MURCIA BARBOSA, GERMAN F**
STREET ADDRESS **6951 NW 82 NO AVE**
CITY-ST-ZIP **MIAMI FL 33166**

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/24/02

Daytime Phone #