

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000097010

1. Entity Name
COMPUTERIZED MANAGEMENT SYSTEMS, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90096 015 ***150.00

Principal Place of Business

**1710 SW 98 COURT
MIAMI FL 33165**

Mailing Address

**1710 SW 98 COURT
MIAMI FL 33165**

2. Principal Place of Business

6187 NW 167 ST. # H-39

Suite, Apt. #, etc.

H-39

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami Lakes, FL

City & State

Zip

33015

Country

Zip

Country

4. FEI Number

65-1045766

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BURK, BRETT
1710 SW 98 COURT
MIAMI FL 33165**

7. Name and Address of New Registered Agent

Name

Dennis F. Infante

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

6187 NW 167 ST.

Suite # H-39

City

Miami Lakes

FL

Zip Code

33015

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

Dennis F. Infante, President **4/18/01**

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) ☐

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 **D** ☒ Delete
NAME **BURK, BRETT**
STREET ADDRESS **1710 SW 98 COURT**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
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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 **President** ☒ Change ☐ Addition
NAME **Dennis F. Infante**
STREET ADDRESS **6187 NW 167 ST. # H-39**
CITY-ST-ZIP **Miami Lakes, FL 33015**

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

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

4/18/01

Date

305-823-7271

Daytime Phone #

CR2E034 (10/00)