FILED
Apr 09, 2003 8:00 am
Secretary of State
04-09-2003 90199 022 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10062929

DOCUMENT # P00000097010

1. Entity Name
COMPUTERIZED MANAGEMENT SYSTEMS, INC.

Principal Place of Business	Mailing Address
~~6187 NW 167 ST~~ ~~H-39~~ ~~MIAMI LAKES, FL 33015~~	~~1710 SW 98 COURT~~ ~~MIAMI, FL 33165~~

2. Principal Place of Business	3. Mailing Address
8375 NW 156 Terr	8375 N W 156 Terr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Lakes, Fl	City & State: Miami Lakes, Fl
Zip: 33016 Country	Zip: 33016 Country

☐ CHECK HERE IF MAKING CHANGES

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

INFANTE, DENNIS F
6187 NW 167TH ST
SUITE #H-39
MIAMI LAKES, FL 33015

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☒ Delete	TITLE	President ☒ Change ☐ Addition
NAME	INFANTE, DENNIS F	NAME	Dennis F Infante
STREET ADDRESS	~~6187 NW 167TH ST #H-39~~	STREET ADDRESS	8375 NW 156 Terr 33016
CITY-ST-ZIP	~~MIAMI LAKES, FL 33015~~	CITY-ST-ZIP	Miami Lakes, Fl
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dennis F. Infante Dennis F Infante 4/10/03 305-823-7271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #