

2001 UNIFORM BUSINESS REPORT (UBR)

5/10

FILED
Jun 02, 2001 8:00 am
Secretary of State

05-10-2001 90116 024 ***150.00

DOCUMENT # P00000099516

1. Entity Name

A & C COMPUTER SOLUTIONS CORP.

Principal Place of Business

**14346 SW 114TH TERRACE
 MIAMI FL 33186**

Mailing Address

**14346 SW 114TH TERRACE
 MIAMI FL 33186**

73939

2. Principal Place of Business

**12411 SW 195TH TERRACE
 Suite, Apt. #, etc.**

3. Mailing Address

**12411 SW 195TH TERRACE
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1052222

Applied For

☐ Not Applicable

Zip

33177

Country

USA

Zip

33177

Country

USA

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PENA, CHRISTINE S
 14346 SW 114TH TERRACE
 MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name **Amanda Ortiz**

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

12411 SW 195TH TERRACE

City **Miami**

FL

Zip Code **33177**

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

Amanda Ortiz

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

(NOTE: Registered Agent signature required when reinstating)

04/22/2001

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	PD	<input checked="" type="checkbox"/> Delete
NAME	PENA, CHRISTINE S	
STREET ADDRESS	14346 SW 114TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ORTIZ, AMANDA	
STREET ADDRESS	14346 SW 114TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ORTIZ, DAVID	
STREET ADDRESS	14346 SW 114TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amanda Ortiz	
STREET ADDRESS	12411 SW 195TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roberto Ortiz	
STREET ADDRESS	12411 SW 195TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Amanda Ortiz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/01

DATE

(305) 234 6501

DAYTIME PHONE #

CR2E034 (10/00)