

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

08-08-2001 90003 023 ***558.75

DOCUMENT # P00000107554

1. Entity Name

COMPUTER CAREER INSTITUTE, INC.

Principal Place of Business

860 SE 12TH STREET
HIALEAH FL 33168
33010

Mailing Address

860 SE 12TH STREET
HIALEAH FL 33168
33010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-1056816

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEDINA, REINALDO W.
860 SE 12TH STREET
HIALEAH, FL 33168
33010

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.

SIGNATURE

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	PD	GUERRA, JORGE L.	10770 SW 153RD ST. MIAMI FL 33157		PD/PTD	MEDINA REINALDO W.	5080 E. 9TH LANE HIALEAH, FL 33013
	TD	GUERRA, YOLANDO C	10770 SW 153RD ST. MIAMI FL 33157		VD	CRUZ-ALVAREZ OTTO	1750 W. 46ST #340 HIALEAH, FL 33012
	VD	MEDINA, REINALDO W.	5080 E 9TH LANE HIALEAH FL 33013				
	SD	MEDINA, MERCEDES L	5080 E 8TH LANE HIALEAH FL 33013				

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)