

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000109416

1. Entity Name

TECHICOM COMPUTER SYSTEMS, INC.

FILED

May 07, 2001 8:00 am
Secretary of State

05-07-2001 90007 004 ***150.00

Principal Place of Business

Mailing Address

3881 NW 90 AVE
SUNRISE FL 33351

3881 NW 90 AVE
SUNRISE FL 33351

2. Principal Place of Business

3711 NW 95 TR

3. Mailing Address

3711 NW 95 TR

Suite, Apt. #, etc.

1107

Suite, Apt. #, etc.

1107

City & State

SUNRISE FL

City & State

SUNRISE FL

Zip

33351

Country

Zip

33351

Country

4. FEI Number

☒ 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

SANCHEZ, MARIA
3881 NW 90 AVE
SUNRISE FL 33351

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
PRESIDENT
GIL A. VARGAS
3881 NW 90TH AVE
SUNRISE FL 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
DIRECTOR
JULIO CESAR LERTORA
3711 NW 95 TR APT 1107
SUNRISE FL 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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

JULIO C. LERTORA

Date

Daytime Phone #

14-28-01

592-5824

CR2E034 (10/00)