

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000110208

1. Entity Name

COMPUWORKING & SYSTEMS CORPORATION

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90015 003 ***158.75

Principal Place of Business

Mailing Address

4700 NW 102ND AVENUE
#201
MIAMI FL 33178

4700 NW 102ND AVENUE
#201
MIAMI FL 33178

646598



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4444 SW 71 AVE

Suite, Apt. #, etc.
#107

Suite, Apt. #, etc.

N/A

City & State

MIAMI, FLORIDA

City & State

Zip
33155

Country

DADE

Zip

Country

4. FEI Number

65-1068780

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

DIAZ, LUZ E
4700 NW 102ND AVENUE
#201
MIAMI FL 33178

Name

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

N/A

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.

N/A

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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	DIAZ, LUZ E	4700 NW 102ND AVENUE	MIAMI FL 33178	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	VILCA, JOHN	4700 NW 102ND AVENUE	MIAMI FL 33178	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
STD	DIAZ, LUZ E	4700 NW 102ND AVENUE	MIAMI FL 33178	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

4/25/2001

Date

305-5940830

Daytime Phone #

CR2E034 (10/00)