

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90114 005 ***158.75

DOCUMENT # P00000110208

1. Entity Name
COMPUWORKING & SYSTEMS CORPORATION

Principal Place of Business E.D.
~~4441 SW 71 AVE~~ ~~300 SW 107 Ave~~ ~~107 Ave~~
~~107~~ ~~Apt 201~~ ~~Suite 109~~
~~MIAMI FL 33155~~ ~~Miami FL 33174~~
Mailing Address
~~4700 NW 102ND AVENUE~~ ~~300 SW 107 Ave~~
~~#201~~ ~~Suite. 109~~
~~MIAMI FL 33178~~ ~~Miami, FL 33174~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
300 SW 107 Ave

3. Mailing Address
300 SW 107 Ave

Suite, Apt. #, etc.
109

Suite, Apt. #, etc.
109

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number **65-1068780**

Applied For
 Not Applicable

Zip
33174

Country
Dade

Zip
33174

Country
Dade

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.

SIGNATURE **N/A**

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, 2002 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 **PD** ☐ Delete
 NAME **DIAZ, LUZ E**
 STREET ADDRESS **4700 NW 102ND AVENUE**
 CITY-ST-ZIP **MIAMI FL 33178**

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

TITLE **STD** ☐ Delete
 NAME **DIAZ, LUZ E**
 STREET ADDRESS **4700 NW 102ND AVENUE**
 CITY-ST-ZIP **MIAMI FL 33178**

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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: **Signature Required**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 (305) 5940830
 Date Daytime Phone #

CR2E034 (9/01)