

2001. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000117876

1. Entity Name

COMPUTER WORLD OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

154 NW DORCHESTER ST
PORT ST LUCIE FL 34983

154 NW DORCHESTER ST
PORT ST LUCIE FL 34983

2. Principal Place of Business

3. Mailing Address

2451 S.E. MORNINGSIDE BLVD

10302 S. FEDERAL HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PORT ST LUCIE, FL

PORT ST LUCIE, FL

Zip

Country

Zip

Country

34952

ST. LUCIE

34952

ST. LUCIE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRECO, ANGELO
154 NW DORCHESTER ST
PORT ST LUCIE FL 34983

Name

GRECO ANGELO

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

2451 SE MORNINGSIDE BLVD

City PORT ST LUCIE

FL

Zip Code

34952

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 D ☐ Delete
NAME GRECO, ANGELO B
STREET ADDRESS 154 NW DORCHESTER ST
CITY-ST-ZIP PORT ST LUCIE FL 34983

TITLE PRESIDENT & CEO ☒ Change ☐ Addition
NAME GRECO, ANGELO B
STREET ADDRESS 2451 SE MORNINGSIDE BLVD
CITY-ST-ZIP PORT ST LUCIE, FL, 34952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Angelo Greco

ANGELO GRECO

April 25

Date

561-342-0986

Daytime Phone #

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

05-02-2001 90069 045 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)