

8/1:

FILED
Sep 04, 2002 8:00 am
Secretary of State

08-15-2002 90046 048 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000043956

1. Entity Name
COMPUTER SOLUTIONS UNLIMITED INC.

Principal Place of Business
**4531 NW 32ND CT.
 LAUDERDALE LAKES FL 33319**

Mailing Address
**4531 NW 32ND CT.
 LAUDERDALE LAKES FL 33319**

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

65-1103816

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

**CAJUSTE, JAMES
 4531 NW 32ND CT.
 LAUDERDALE LAKES FL 33319**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

James C. Caste

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 13, 2002 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 ☐ Delete
D
 NAME **CAJUSTE, JAMES**
 STREET ADDRESS **4531 NW 32ND CT.**
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33319**

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

TITLE ☒ Delete
D
 NAME **SIEGEL, ROBERT**
 STREET ADDRESS **590 SW 130TH TERR.**
 CITY-ST-ZIP **DAVE FL 33325**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

#P01000043956

870777

To Whom It May Concern:

I did not receive the first notice to file.

Thank you for your understanding.

James Cajuste
Computer solutions Unlimited INC.
4531 NW 32nd Ct
Lauderdale Lakes FL 33301