

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90033 002 ***150.00

DOCUMENT # P01000062870

1. Entity Name
EXPERT COMPUTER SOLUTIONS, INC

Principal Place of Business
3440 NE 192ND ST #3N
AVENTURA FL 33180

Mailing Address
3440 NE 192ND ST #3N
AVENTURA FL 33180



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3440 NE 192nd St #3N

3. Mailing Address
3440 NE 192nd St

Suite, Apt. #, etc.
Aventura, FL

Suite, Apt. #, etc.
#3N

City & State

City & State
Aventura FL

4. FEI Number
65-1123545

Applied For
☐ **Not Applicable**

Zip
33180

Country
USA

Zip
FL 33180

Country
USA

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

MASTER, ERINA
3440 NE 192ND ST #3N
AVENTURA FL 33180

Name
Master, Erina

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

3440 NE 192nd St #3N

City
Aventura

FL

Zip Code
33180

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 **Erina Master, VP**

2/2/02

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pse** ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **President** ☐ **Change** ☒ **Addition**
NAME **Lawrence Master**
STREET ADDRESS **3440 NE 192nd St #3N**
CITY-ST-ZIP **Aventura, FL 33180**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice President** ☐ **Change** ☒ **Addition**
NAME **Erina Master**
STREET ADDRESS **3440 NE 192nd St #3N**
CITY-ST-ZIP **Aventura, FL 33180**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2/2/02

Date

(305)610-6421

Daytime Phone #

CR2E034 (9/01)