2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P01000079032

1. Entity Name

MIAMI FL 33145

COMPUSERVICE, INC.



Feb 10, 2003 8:00 am Secretary of State

FILED

Principal Place of Business 3225 S.W. 24TH TERR

2. Principal Place of Business

Mailing Address 3225 S.W. 24TH TERR MIAMI FL 33145

3. Mailing Address

10961	SNAPPER CREEK DR.	10961 SNAPPE	R CREEK L	X.				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
MIAMI		City & State MiA	MIAMI		4. FEI Number 65-1131067		Applied For Not Applicable	
F	L 33173 Country USA	Zip 33/73	Country USA.	5. Certific	ate of Status Desired	\$8.75 Fee Req	Additional uired	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
PINERO, MAYELIN 3225 S.W. 24TH TERR MIAMI FL 33145				Name Street Address (P.O. Box Number is Not Acceptable)				
·				.,,		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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				1	Election Campaign Financin Trust Fund Contribution.	~ _ ~ `	5.00 May Be Ided to Fees	
10. OFFICERS AND DIRECTORS 11.				ADDITION	IS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PINEIRO, MAYELIN 3225 S.W. 24TH TERR MIAMI FL 33145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP)T)	MAYEliN PPER CREEK : FL 33173	Chan		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PINEIRO, JORGE 3225 S.W. 24TH TERR MIAMI FL 33145	☐ Delete	l litte	'D	orge Apper Creek i L 33173	™ Chan	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		☐ Chanç	ge 🔲 Addition	
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12. 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 10 or Block 11 if changed, or on an attachment with an actives, with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

EIRO 2/5/0

305-595-9175

☐ Change

☐ Change

☐ Addition

☐ Addition

Daytime Phone #

CR2E034 (10/02)