5/21

FILED
Jun 27, 2002 8:00 am
Secretary of State

05-21-2002 90884 031 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000098653

1. Entity Name
L.G. COMPUTER & SERVICES, INC.

Principal Place of Business	Mailing Address
2035 S.W. 58 COURT. MIAMI, FL. 33155	2035 S.W. 58 COURT MIAMI, FL 33185

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
10000 NW 80 CT		10000 NW 80 CT	
Suite, Apt. #, etc. 2309		Suite, Apt. #, etc. 2309	
City & State HIALEAH, FL		City & State HIALEAH, FL.	
Zip 33016	Country DADE	Zip 33016	Country DADE

4. FEI Number 522350557 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUEDES, LEONARDO
2035 S.W. 58 COURT
MIAMI, FL. 33155

7. Name and Address of New Registered Agent

Name GUEDES, LEONARDO
Street Address (P.O. Box Number is Not Acceptable)
10000 NW. 80 CT
City HIALEAH FL Zip Code 33016

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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GUEDES, LEONARDO 10000 NW. 80 CT HIALEAH, FL. 33016	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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 #