

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0286561 AV

DOCUMENT # P01000101231
1. Entity Name
COMPUPAY INSURANCE & BROKERAGE SERVICES, INC.



FILED

03 MAY -6 AM 9:27

SECRETARY OF STATE



Principal Place of Business
**8300 NW 53RD STREET SUITE 401
MIAMI FL 33166**

Mailing Address
**8300 NW 53RD STREET SUITE 401
MIAMI FL 33166**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1143478**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROTH, PETER
8300 NW 53RD ST.
STE 401
MIAMI FL 33166**

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

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ROTH, PETER**
STREET ADDRESS **8300 NW 53RD STREET SUITE 401**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Change ☐ Addition
NAME **600018301856**
STREET ADDRESS **05/06/03--01090--002 **600.00**
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **BRENNER, OREN**
STREET ADDRESS **8300 NW 53RD ST., STE 401**
CITY-ST-ZIP **MIAMI FL 33166**

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

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 address with all other like empowered.

SIGNATURE:

OREN BRENNER
PRESIDENT

4-28-03

305-477-1700

Date

Daytime Phone #

CR2E034 (10/02)