

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0009662
AV

DOCUMENT # **P02000074651**
1. Entity Name
CCS COMPUTERS, INC.



FILED

03 OCT -6 PM 12:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT 03
 CHECK HERE IF MAKING CHANGES

Principal Place of Business
**408 LIVE OAKS BLVD.
CASSELBERRY FL 32707**

Mailing Address
**408 LIVE OAKS BLVD.
CASSELBERRY FL 32707**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **30-0094400**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**VAZQUEZ, LUIS R
408 LIVE OAKS BLVD.
CASSELBERRY FL 32707**

7. Name and Address of New Registered Agent
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]* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete RAMIREZ, ALVARO J 408 LIVE OAKS BLVD. CASSELBERRY FL 32707 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete VAZQUEZ, LUIS R 408 LIVE OAKS BLVD. CASSELBERRY FL 32707 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 100023524401 10/03/03--01008--007 **150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *[Signature]* SIGNATURE REQUIRED

Date _____ Daytime Phone # _____

CR2E034 (4/03)

**CCS Computers, Inc.
408 Live Oaks Blvd
Casselberry, FL 32707**

July 7, 2003

Florida Department of Revenue
Division of Corporations
Uniform Business Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sirs,

We are filing the UBR till now, we did not receive any mailings before July 2003, furthermore, we are submitting this filing with the original \$150.00 filing fee.

Very truly yours,

CCS Computers, Inc.


Luis R. Vazquez