

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90036 022 ***155.00

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DOCUMENT # P02000090751

1. Entity Name
COMPUFASTER CORP.



Principal Place of Business
14921 SW 82ND LN APT 108
MIAMI FL 33193

Mailing Address
14921 SW 82ND LN APT 108
MIAMI FL 33193



2. Principal Place of Business

14921 SW 82ND LN

Suite, Apt. #, etc.

APT # 108

City & State

MIAMI - FL

Zip

33193

Country

USA

3. Mailing Address

14921 S.W. 82ND LN

Suite, Apt. #, etc.

APT # 108

City & State

MIAMI - FL

Zip

33193

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

36-4505165

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SORRENTINO, AUGUSTO
14921 SW 82ND LN APT 108
MIAMI FL 33193

7. Name and Address of New Registered Agent

Name

AUGUSTO SORRENTINO

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

14921 S.W. 82ND LN APT # 108

City

MIAMI

FL

Zip Code

33193

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 **AUGUSTO SORRENTINO**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/07/2003

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

TITLE **PD** ☐ Delete
NAME **SORRENTINO, AUGUSTO**
STREET ADDRESS **14921 SW 82ND LN APT 108**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/07/2003 (305) 471-9799

Date

Daytime Phone #

CR2E034 (10/02)