FILED
Apr 02, 2003 8:00 am
Secretary of State
04-02-2003 90056 042 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000127137

1. Entity Name
COMPUTERVISION INTERNATIONAL URUGUAY, INC.

90068109

Principal Place of Business	Mailing Address
782 NORTHWEST 42ND AVENUE SUITE 629 MIAMI, FL 33126	782 NORTHWEST 42ND AVENUE SUITE 629 MIAMI, FL 33126

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 22-3886088 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COLLADO, ORLANDO
782 NORTHWEST 42ND AVENUE SUITE 629
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name: Collado & Associates
Street Address (P.O. Box Number is Not Acceptable): 782 NW 42 Ave No 629
City: Miami FL Zip Code: 33126

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: Collado & Associates DATE: 03/03/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP	☐ Delete
NAME	FLIEGER, LEON R	
STREET ADDRESS	782 NORTHWEST 42ND AVENUE SUITE 629	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	DV	☐ Delete
NAME	DE ROSENBLATT, TATIANA K	
STREET ADDRESS	782 NORTHWEST 42ND AVENUE SUITE 629	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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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		
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STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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: Leon Rosenblatt President — 305-443-3056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #