FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 01, 2002 8:00 am P93000011359 DOCUMENT # Secretary of State 02-01-2002 90033 015 ***158.75 COMPUTER SOLUTIONS & SOFTWARE INTERNATIONAL, INC Mailing.Address Principal Place of Business 21457 CRESTFALLS COURT 856 S MILITARY TR **BOCA RATON FL 33428** DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0395413 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BRUNO, STEPHEN** Street Address (P.O. Box Number is Not Acceptable) 21457 CRESTFALLS COURT **BOCA RATON FL 33428** Zip Code City FL 2. 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be .Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE **BRUNO, STEPHEN** NAME NAME 21457 CRESTFALLS COURT STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change VΡ ☐ Delete TITLE TITLE NAME KIM BRUNO NAME STREET ADDRESS STREET ADDRESS 21457 CRESTFALLS COURT CITY-ST-ZIP **BOCA RATON FL 33428** CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE STEPHEN BRUNO NAME NAME 21457 CRESTFALLS COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33428** CITY-ST-7/P Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

SIGNATURE:

changed, or on an attachment with an address,

SIGNATURE AND TYPED OR PRINTED NAME OF

with all other like empowered