

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000066387

1. Entity Name

COMPUTER COMMODITY, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90088 009 ***150.00

Principal Place of Business

5350 NW 35TH AVE
FT LAUDERDALE FL 33309
US

Mailing Address

5350 NW 35TH AVE
FT LAUDERDALE FL 33069-1260
US

2. Principal Place of Business

2400 West Copans Rd

Suite, Apt. #, etc.

Unit 10

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Pompano Bch, FL 33069

City & State

4. FEI Number

65-0436795

Applied For

Not Applicable

Zip
33069

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

~~WEISSMAN, HAROLD ESO~~
1776 N. PINE ISLAND RD.
STE. 118
PLANTATION FL 33322

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
O
MICHAEL JACOBSON
8030 LEITNER DR W
CORAL SPRGS FL 33067

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/00

Date

954 714 0090

Daytime Phone #

CR2E034 (9/99)