

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State
 02-07-2002 90024 044 ***150.00

DOCUMENT # P93000074876 ✓

1. Entity Name
ENTERPRISE COMPUTER CONCEPTS, INC.

Principal Place of Business

7220 NW 36TH STREET
#606
MIAMI FL 33166

Mailing Address

7220 NW 36TH STREET
#606
MIAMI FL 33166



2. Principal Place of Business

7220 NW 36 St.

Suite, Apt. #, etc.

Suite 220

City & State
Miami, Florida

Zip
33166

Country
EUA

3. Mailing Address

7220 NW 36 St.

Suite, Apt. #, etc.

Suite 220

City & State
Miami, Florida

Zip
33166

Country
EUA.

DO NOT WRITE IN THIS SPACE

4. FEI Number **52-2271079** ✓

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

VASSALLO, CLAUDIO
4564 NW 114TH AVENUE
#1410
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name **VASSALLO, CLAUDIO**

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

7220 NW 36 St. Suite 220

City **Miami**

FL

Zip Code
33166

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, 2002 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

TITLE **P** ☐ Delete
 NAME **VASSALLO, CLAUDIO**
 STREET ADDRESS **4564 NW 114TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE **VP** ☐ Delete
 NAME **ZECCHINATO, LUCIANO**
 STREET ADDRESS **7220 NW 36 STREET SUITE 606**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **S** ☐ Delete
 NAME **SUAREZ, ROSARIO M**
 STREET ADDRESS **40 SW 34 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33135**

TITLE **T** ☐ Delete
 NAME **SUAREZ, ROSARIO M**
 STREET ADDRESS **40 SW 34 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33135**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **7220 NW 36 St. Suite 220**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **7220 NW 36 St Suite 220**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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

01/16/02

Date

Daytime Phone #

CR2E034 (9/01)