

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000055233

1. Entity Name

COMP-U-NET INTERNATIONAL, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90244 047 ***150.00

Principal Place of Business

Mailing Address

6955 HANGING MOSS ROAD
SUITE 114
ORLANDO FL 32807
US

6955 HANGING MOSS ROAD
SUITE 114
ORLANDO FL 32807-5362
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3254760

Applied For

Not Applicable

Zip

Country

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

NIEVES, ENRIQUE
1500 BEVILLE RD
SUITE 606-145
DAYTONA BCH FL 32114

Name

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

City

FL

Zip Code

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 PD ☐ Delete
NAME NIEVES, ENRIQUE
STREET ADDRESS 1500 BEVILLE RD SUITE 606-145
CITY-ST-ZIP DAYTONA BCH FL

TITLE VD ☒ Delete
NAME TALAVERA, RAFAEL
STREET ADDRESS 6955 HANGING MOSS RD SUITE 114
CITY-ST-ZIP ORLANDO FL

TITLE STD ☐ Delete
NAME ALEQUIN, FREDDY
STREET ADDRESS 6955 HANGING MOSS RD SUITE 114
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE VD ☐ Change ☒ Addition
NAME SUSAN BRASWELL
STREET ADDRESS 1817 COLBIN GARDENS LN
CITY-ST-ZIP DELAND FL 32724

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

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

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

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

Date

Daytime Phone #

ENRIQUE Nieves, President 2/22/00 (904) 226-6193

CR2E034 (9/99)