

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90025 024 ***163.75

DOCUMENT # P94000065322

1. Entity Name
COMPUTERS, NETWORKS & CONNECTORS, INC.

Principal Place of Business

13600 NW 4TH ST.
108
PEMBROKE PINES FL 33028

Mailing Address

13600 NW 4TH ST.
108
PEMBROKE PINES FL 33028

2. Principal Place of Business

PO Box 820904

Suite, Apt. #, etc.

3. Mailing Address

PO Box 820904

Suite, Apt. #, etc.

City & State

South Florida, Florida

City & State

South Florida, Florida

Zip

33082

Country

USA

Zip

33082

Country

USA

4. FEI Number

65-0515158

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ACHURRA, ESPERANZA

13600 NW 4TH ST.

#108

PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

Name Esperanza Achurra

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

6900 SW 57 ST.

City Davie

FL

Zip Code

33314

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

03/15/02

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	TVP	☐ Delete
NAME	ACHURRA, ESPERANZA	
STREET ADDRESS	13600 NW 4TH ST.	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	PSCM	☐ Delete
NAME	ACHURRA, JUAN	
STREET ADDRESS	13600 NW 4TH ST.	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	6900 SW 57 St.	
CITY-ST-ZIP	Davie, FL. 33314	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	6900 SW 57 St.	
CITY-ST-ZIP	Davie, FL. 33314	
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

03/15/02

Date

954-792-0507

Daytime Phone #

CR2E034 (9/01)