2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 04, 2001 8:00 am DOCUMENT # P95000000669 Secretary of State COMPUNET GROUP, INC. 05-04-2001 90036 006 ***150.00 Principal Place of Business Mailing Address 7879 SOUTHWEST 102ND LANE POST OFEIGE BOX 560218 MIAMI FL 33256-0218 MIAMP FL 33156 340040 2. Principal Place of Business 3. Mailing Address 10920 SW 79ct <u>10920 SW</u> DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 65-0552297 MIam Florida Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Banouz BANQUZ, DINA Street Address (P.O. Box 7879 SOUTHWEST 102ND LANE 20 SW MIAMI FL 33156 City 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 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00 TITLE Delete TITLE BANOUZ, SHAUL NAME NAME 10920 SW 79ct 7879 SOUTHWEST 102ND LANE STREET ADDRESS STREET ADDRESS **MIAMI FL 33156** CITY-ST-ZIP MIANI, FL 33156 CITY-ST-7IF Delete TITLE TITLE ■ Addition BANOUZ, DINA NAME NAME 7879 SOUTHWEST 102ND LANE STREET ADDRESS STREET ADDRESS **MIAMI FL 33156** CITY-ST-ZIP CITY-ST-7IP Addition T Change HITLE: ⊡ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.