

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000079853

1. Entity Name

COMPUTERAGE OF PALM BEACH, INC.

FILED

Jan 26, 2000 8:00 am  
Secretary of State

01-26-2000 90202 019 \*\*\*150.00

Principal Place of Business

2953 FOREST HILL BLVD  
SUITE #4  
WEST PALM BEACH FL 33406  
US

Mailing Address

PO BOX 19982  
WEST PALM BEACH FL 33416-4982  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0628215

Applied For  
Not Applied

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

6. Name and Address of Current Registered Agent

GAMINARA, DAVID  
1580A FORREST LAKE CIRCLE  
WEST PALM BEACH FL 33406

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GAMINARA, DAVID O	
STREET ADDRESS	1580A FORREST LAKE CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAMINARA, NINOSKA G	
STREET ADDRESS	1580A FORREST LAKE CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
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NAME			
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STREET ADDRESS			
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CITY-ST-ZIP			
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
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NAME			
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STREET ADDRESS			
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CITY-ST-ZIP			
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
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NAME			
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STREET ADDRESS			
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CITY-ST-ZIP			
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
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NAME			
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STREET ADDRESS			
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CITY-ST-ZIP			
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
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NAME			
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STREET ADDRESS			
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CITY-ST-ZIP			
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
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NAME			
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STREET ADDRESS			
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CITY-ST-ZIP			
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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 REQUIRED~~  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-  
1-44-00 357-1080