

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000082730**

1. Entity Name

**COMPUTER MANAGEMENT USA, INC.****FILED****May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90042 029 \*\*\*150.00

Principal Place of Business

Mailing Address

~~5892 PINE GROVE RD SUITE 100~~  
~~OVIEDO FL 32765~~ **13501 INGENUITY DRIVE**  
~~US~~ **ORLANDO, FL 32826**  
**US**

00000000000000000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**13501 INGENUITY DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**100**

City &amp; State

City &amp; State

**ORLANDO, FLORIDA**

Zip

Country

Zip

Country

**32826****US**4. FEI Number **59-3345401**

Applied For

Not Applicable

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

Name

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

City

**FL**

Zip Code

**PEREIRA, LUIS**  
**5892 PINE GROVE RD**  
**OVIEDO FL 32765**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MEAKIN, ANTHONY</b>	
STREET ADDRESS	<b>2 NORTSHORE OCEAN VIEW</b>	
CITY-ST-ZIP	<b>4151 SOUTH AFRICA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MEAKIN, LINDA MARION</b>	
STREET ADDRESS	<b>2 NORTSHORE OCEAN VIEW</b>	
CITY-ST-ZIP	<b>4151 SOUTH AFRICA</b>	
TITLE	<b>PDS</b>	<input type="checkbox"/> Delete
NAME	<b>PEREIRA, DOS REIS AGOS L</b>	
STREET ADDRESS	<b>5892 PINE GROVE RUN</b>	
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

**A. L. PEREIRA****04-29-2000 (407) 277-1126**

Date

Daytime Phone #

CR2E034 (9/99)