

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90464 035 ***150.00

DOCUMENT # P96000025688

1. Entity Name
MTS COMPUTER SERVICES, INC.



Principal Place of Business
62 INDIAN TRACE
#105
WESTON FL 33326
US

Mailing Address
62 INDIAN TRACE
#105
WESTON FL 33326
US

2. Principal Place of Business

7305 W SAMPLE RD

Suite, Apt. #, etc.
205

City & State
CORAL SPRINGS FL

Zip
33065

Country
BROWARD

3. Mailing Address

7305 W SAMPLE RD

Suite, Apt. #, etc.
205

City & State
CORAL SPRINGS FL

Zip
33065

Country
BROWARD



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0654247**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **LEO de la Hoz**
Street Address (P.O. Box Number is Not Acceptable) **3785 NW 82 AVE Ste 102**
City **Miami** **FL** **Zip Code** **33166**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Signature, typed or printed name of registered agent and title if applicable.**

(NOTE: Registered Agent signature required when reinstating)

3/26/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANRIQUE, ALFREDO T 62 INDIAN TRACE #105 WESTON FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MANRIQUE, RODOLFO J 62 INDIAN TRACE #105 WESTON FL 33326	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANRIQUE, MARIA S 62 INDIAN TRACE #105 WESTON FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SILVA-ROS, LORENA 62 INDIAN TRACE #105 WESTON FL 33326	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANRIQUE, ALFREDO 7305 W SAMPLE RD SUITE 205 CORAL SPRINGS FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANRIQUE, MARIA S 7305 W SAMPLE RD SUITE 205 CORAL SPRINGS FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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**

4/15/03 **954-753-7471**
Date **Daytime Phone #**

CR2E034 (10/02)