

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000030514

1. Entity Name

A.M.S. COMPUTER ENTERPRISES, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90023 038 ***150.00

Principal Place of Business

9020 NW 8 ST
405
MIAMI FL 33172
US

Mailing Address

9020 NW 8 ST
405
MIAMI FL 33172-3307
US

2. Principal Place of Business

1825 PONCE DE LEON BLVD

Suite, Apt. #, etc.

PMB 498

City & State

CORAL GABLES, FL.

Zip

33134-4418

Country

USA

3. Mailing Address

1825 PONCE DE LEON BLVD

Suite, Apt. #, etc.

PMB 498

City & State

CORAL GABLES, FL.

Zip

33134-4418

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0663338

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOLANO, ALEXANDER M
9020 NW 8 ST
405
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

SOLANO, ALEXANDER M.

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

9060 NW 8TH ST.

305

City

Miami, FL.

FL

Zip Code

33172

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	P	<input type="checkbox"/> Delete
NAME	SOLANO, ALEXANDER M	
STREET ADDRESS	9020 NW 8TH ST, 405	
CITY-ST-ZIP	MIAMI FL 33172	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLANO, ALEXANDER M	
STREET ADDRESS	9060 NW 8TH ST. # 305	
CITY-ST-ZIP	MIAMI, FL. 33172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

(305) 467-4266

Date

Daytime Phone #

CR2E034 (9/99)