

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90011 028 \*\*\*150.00

0188050  
 AV

**DOCUMENT # P96000031321**  
 1. Entity Name  
**COMPUTER RESOURCE CENTER INTERNATIONAL INC.**

Principal Place of Business  
**5851 HOLMBERG RD**  
**APT 2913**  
**PARKLAND FL 33067**  
**US**

Mailing Address  
**6574 N. STATE RD. 7.**  
**#169**  
**COCONUT CREEK FL 33073-3625**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**5735 N.W. 49 WAY**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**COCONUT CREEK, FLA.**

City & State

4. FEI Number **65-0664604**

Applied For  
 Not Applicable

Zip  
**33073**

Country  
**U.S.A.**

Zip

Country

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

**LYNCH, PATRICIA A**  
**5851 HOLMBERG RD., APT. 2913**  
**PARKLAND FL 33067**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**5735 N.W. 49 WAY**

City **COCONUT CREEK, FL** Zip Code **33073**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LYNCH, PATRICIA A</b> <b>5851 HOLMBERG RD., APT. 29139</b> <b>PARKLAND FL 33067</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5735 NW 49 WAY</b> <b>COCONUT CREEK, FL. 33073</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Patricia A. Lynch*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb. 28, 2002* *954 360-0637*  
 Date Daytime Phone #

CP2E034 (9/01)