

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90225 009 \*\*\*150.00

**DOCUMENT # P97000021044**

1. Entity Name  
**COMPUTER CAREERS INTERNATIONAL, INC.**



Principal Place of Business <b>16300 NE 19TH AVE STE 252 MIAMI FL 33162 US</b>	Mailing Address <b>16300 NE 19TH AVE STE 252 MIAMI FL 33162 US</b>
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2. Principal Place of Business <b>1721 NE 164 STREET</b>	3. Mailing Address <b>1721 NE 164<sup>th</sup> STREET</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>AT</b>

City & State <b>MIAMI, FLORIDA</b>	City & State <b>MIAMI, FL 33162</b>
Zip <b>33162</b>	Zip <b>33162</b>
Country <b>USA</b>	Country <b>USA</b>



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>65-0747009</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MCHALE, KARL  
16300 NE 19TH AVE  
#252  
MIAMI FL 33162**

**7. Name and Address of New Registered Agent**

Name <b>KARL MCHALE</b>
Street Address (P.O. Box Number is Not Acceptable) <b>1721 NE 164<sup>th</sup> STREET</b>
City <b>MIAMI</b>
State <b>FL</b>
Zip Code <b>33162</b>

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Feb 12<sup>th</sup> 2003*

**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  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCHALE, KARL</b> <b>16300 NE 19TH AVE #252</b> <b>MIAMI FL 33162</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FUNKHOUSER, ALEX J</b> <b>16300 NE 19TH AVE #252</b> <b>MIAMI FL 33162</b>	<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
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CR2E034 (10/02)

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:** *Karl Mchale*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Feb 2<sup>nd</sup> 2003* *305 944 3294*