

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 20, 2000 8:00 am**  
**Secretary of State**

06-20-2000 90005 010 \*\*\*150.00

**DOCUMENT #**

1. Entity Name  
*Computunch, Inc.*  
*PG 7000040320 R*

Principal Place of Business  
*Computunch, Inc.*

Mailing Address  
*9950 EAST BAY HARBOR DRIVE, SUITE 1 MIAMI, FL 33154*

2. Principal Place of Business  
*9950 EAST BAY HARBOR DRIVE SUITE 1 MIAMI FL*

3. Mailing Address  
*9950 EAST BAY HARBOR DRIVE SUITE 1 MIAMI FL*

City & State  
*MIAMI FL*

Zip  
*33154*

Country  
*DADE*

4. FEI Number  
*65-0748718*

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
*NATHAN SCHOR*  
*9950 EAST BAY HARBOR DRIVE SUITE 1 MIAMI, FL 33154*

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 *Nathan Schor* DATE *06/14/00*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>PRESIDENT</i>
STREET ADDRESS	<i>NATHAN SCHOR</i>
CITY-ST-ZIP	<i>9950 EAST BAY HARBOR DRIVE SUITE 1 MIAMI FL 33154</i>
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:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)