

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041739

1. Entity Name

COMPUTECH CONSULTING, INC.

Principal Place of Business

1101 NE 6TH ST
#C
FORT LAUDERDALE FL 33304

Mailing Address

1101 NE 6TH ST
#C
FORT LAUDERDALE FL 33304

2. Principal Place of Business

3000 RIO MAR ST.

3. Mailing Address

3000 RIO MAR ST.

Suite, Apt. #, etc.

#201

Suite, Apt. #, etc.

#201

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33304

Country

BROWARD

Zip

33304

Country

BROWARD

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

4. FEI Number

65-0752481

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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, 2001 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 PSTD
NAME REGISTER, MICHAEL G
STREET ADDRESS 1101 NE 6TH ST. #C
CITY-ST-ZIP FORT LAUDERDALE FL 33304

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

3000 RIO MAR ST. #201
FT. LAUDERDALE, FL. 33304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ 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:

Michael G. Register
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL G. REGISTER
PSTD

4/25/2001
Date

(954) 895-0498
Daytime Phone #

FILED
May 09, 2001 8:00 am
Secretary of State

05-09-2001 90004 019 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)