

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000061172

1. Entity Name

SOUTH FLORIDA COMPUTER TRAINING CENTER, INC.

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90069 001 \*\*\*150.00

02-06-2001 90069 002 \*\*\*\*\*8.75

Principal Place of Business

14590 S MILITARY TRAIL STE E7  
DELRAY BCH FL 33445

Mailing Address

14590 S MILITARY TRAIL STE E7  
DELRAY BCH FL 33445

24883

2. Principal Place of Business

14590 S. Military Trail

3. Mailing Address

14590 S. Military Trail

Suite, Apt. #, etc.

# E7

Suite, Apt. #, etc.

E7

City & State

Delray Bch FL

City & State

Delray Bch FL

Zip

33445

Country

USA

Zip

33445

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0767131

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PANCHOOSINGH, BILLY  
7686 THORNLEE DR  
LAKE WORTH FL 33467

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 ☐ Delete  
NAME D  
STREET ADDRESS PANCHOOSINGH, BILLY  
CITY-ST-ZIP 7686 THORNLEE DR  
LAKE WORTH FL 33467

TITLE ☐ Delete  
NAME S  
STREET ADDRESS PANCHOOSINGH, . MALA  
CITY-ST-ZIP 7686 THORNLEE DR  
LAKE WORTH FL 33467

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Boncho Singh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/01 581-638-9007  
Date Daytime Phone #

CR2E034 (10/00)