

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000065815

1. Entity Name

UPPER LEVEL COMPUTER, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90099 012 ***150.00

Principal Place of Business

3967 NORTH FEDERAL HWY
POMPANO BEACH FL 33064

Mailing Address

3967 NORTH FEDERAL HWY
POMPANO BEACH FL 33063-6935

2. Principal Place of Business

4389 S.W. 10TH PLACE

3. Mailing Address

SAME

Suite, Apt. #, etc.

104

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

City & State

DEERFIELD BEACH, FL

Zip

33442

Country

Zip

Country

4. FEI Number

65-0770433

Applied For

Not Applicable

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

DE FARIA, WELLINGTON
3967 NORTH FEDERAL HWY
POMPANO BEACH FL 33064

(NEW ADDRESS)

Name

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

4389 S.W. 10TH PLACE #104

City

DEERFIELD BEACH

FL

Zip

33442

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME DE FARIA, WELLINGTON
STREET ADDRESS 3967 NORTH FEDERAL HWY
CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Delete

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

TITLE VTD
NAME RIBEIRO, MARCILIO
STREET ADDRESS 3967 NORTH FEDERAL HWY
CITY-ST-ZIP POMPANO BEACH FL 33064 ☒ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)