## FILED 2001 Uniform Business Report (UBR) May 31, 2001 8:00 am DOCUMENT # 797000082942 Secretary of State COMPUTER REPAIR SPECIALISTS IN: 05-31-2001 90001 023 \*\*\*150.00 Principal Place of Business 11845 Re tac Paru Buy 11845 ROVAL PALM BLUD STE#201 CORALSPRINGS FL 33065 CORALSPRINGS FL 33065 553328 3. Mailing Address 2. Principal Place of Business 8331 NW804 ST 8331 6 Suite, Apt. # etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State FL Not Appl cable AMARA Country **\$8.75**-Additional -5.-Gertificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FLAN MEMRAN Street Address (P.O. Box Number is Not Acceptable) 8331 NW 80 55 ST TAMARAC FL 3334 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. SIGNATURE S anature, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) FEE IS \$150.00 FILE NOW! 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 201 1 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payab s to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Delete TITLE MEMRAN, LOUIS 1 NAME 8331 Nw 80th ST 118 SOUTH WESTSHORE BLUD STREET ADDRESS STREET ADORESS TAMARAC FL 33321 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33609 ☐ Delete TITLE i TLE MEMRAN, EANA 118 SOUTH WESTSHORE-BLUD TAMPA FL 3369 8331 NW 80th ST TAMARAC FL 33321 NAME NAM6 STREET ADDRES EIRLET AUTHESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete 1 TLF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change Addition ☐ Delete TITLE 1:TLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE 1 TLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Change Addition TITLE ☐ Delete "ITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP 13. I hereby ce tify 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 not 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 is a 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.

FYESIDEMT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER C & DIRECTOR .

MEMBAR