

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090443

1. Entity Name

MODERN COMPUTER SYSTEMS, INC.

Principal Place of Business  
222 LAKEVIEW AVE  
STE 160-134  
WEST PALM BEACH FL 33401  
US

Mailing Address  
265 SUNRISE AVENUE  
SUITE 204  
PALM BEACH FL 33480

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **-- City & State**

Zip **Country**

**6. Name and Address of Current Registered Agent**

MINTMIRE, DONALD F  
265 SUNRISE AVENUE  
SUITE 204  
PALM BEACH FL 33480

**4. FEI Number** **65-0793107** **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 NAME STREET ADDRESS CITY-ST-ZIP	PD VIVIAN, ROBERT 222 LAKE VIEW AVE 160-134 W PALM BCH FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
		<input type="checkbox"/> Change <input type="checkbox"/> Addition				

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GIRLANDO, LUCIANO 222 LAKE VIEW AVE 160-134 W PALM BCH FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		<input type="checkbox"/> Change <input type="checkbox"/> Addition				

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMBALUZIER, PIERRE 222 LAKE VIEW AVE 160-134 W PALM BCH FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		<input type="checkbox"/> Change <input type="checkbox"/> Addition				

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		<input type="checkbox"/> Change <input type="checkbox"/> 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.**

CR2E034 (10/00)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald J. Muntzwe - Counsel 4/26/01 (561)832-5691

Date

Daytime Phone #