

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

AAA Computer Professionals, Inc

Principal Place of Business

Mailing Address

520 ~~RAVENS~~ ROYAL PALM DRIVE
MELBOURNE FL 32935

2. Principal Place of Business

3. Mailing Address

520 ROYAL PALM DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Melbourne FL

Zip

Country

Zip

Country

32935 BRAZIL

4. FEI Number

59-3475628

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

JIM EMERY
2400 SOUTH PINCWOOD #24
SOUTH DARTON FL 32119

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, 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: DIRECTOR
NAME: RAYMOND K. LEBOWITZ
STREET ADDRESS: 520 ROYAL PALM DRIVE
CITY-ST-ZIP: MELBOURNE FL 32935

☐ Delete

TITLE: ☐ Change ☐ Addition

NAME: ☐ Delete

NAME: ☐ Change ☐ Addition

STREET ADDRESS: ☐ Delete

STREET ADDRESS: ☐ Change ☐ Addition

CITY-ST-ZIP: ☐ Delete

CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete

TITLE: ☐ Change ☐ Addition

NAME: ☐ Delete

NAME: ☐ Change ☐ Addition

STREET ADDRESS: ☐ Delete

STREET ADDRESS: ☐ Change ☐ Addition

CITY-ST-ZIP: ☐ Delete

CITY-ST-ZIP: ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 18 2000

Date

Daytime Phone #

CR2E034 (9/99)