**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 17, 2001 8:00 am Secretary of State DOCUMENT # P97000103211 1. Entity Name 05-17-2001 90999 001 \*\*\*300.00 CPA COMPUTERS, INC. Principal Place of Business Mailing Address 9341 E BAY HARBOR DRIVE #3B 9341 E BAY HARBOR DRIVE #3B 4109 BAY HARBOR FL 33154 BAY HARBOR FL 33154 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0799588 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHABAN, ZOHEIR Street Address (P.O. Box Number is Not Acceptable) 5740 HOLLYWOOD BLVD STE 202 HOLLYWOOD FL 33021 City 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) FILE NOW!!! FEE IS \$150.00 9.3 This corporation is eligible to satisfy its Intangible **\$5.00** May Be Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. D/P TITLE Delete TITLE ☐ Change ☐ Addition SHABAN, ZOHEIR NAME NAME STREET ADDRESS 9341 E BAY HARBOR DRIVE #3B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BAY HARBOR FL 33154** TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE □ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND SPECIOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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.