

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000003990

1. Entity Name

COMPUSOURCE COMMUNICATIONS CORP.

Principal Place of Business

8723 SW 129 STREET
MIAMI FL 33176

Mailing Address

8723 SW 129 STREET
MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

TAVAKOLY, ADAM
8723 SW 129 STREET
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Tavakoly, Adam
Street Address (P.O. Box Number is Not Acceptable)
8723 SW 129 ST
City Miami FL Zip Code 33176

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE 04/27/01

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 ☐ Delete
NAME PTD
STREET ADDRESS TAVAKOLY, AHMAD
CITY-ST-ZIP 8727 SOUTHWEST 129TH STREET
MIAMI FL 33176

TITLE ☐ Delete
NAME SVD
STREET ADDRESS TAVAKOLY, GHASSEM
CITY-ST-ZIP 8727 SOUTHWEST 129TH STREET
MIAMI FL 33176

TITLE ☐ Delete
NAME T
STREET ADDRESS TAVAKOLY, BEVERLYN
CITY-ST-ZIP 3727 SW 129 ST
MIAMI FL 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 04/27/01

DAYTIME PHONE # (305) 234-5555

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90208 044 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0842125**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

0221313

CR2E034 (10/00)