

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91309 008 ***150.00

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**

00114501



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0842125

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TAVAKOLY, ADAM
 8723 SW 129 STREET
 MIAMI FL 33176**

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, 2002 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 NAME ☐ Delete
PTD TAVAKOLY, AHMAD
 STREET ADDRESS **8727 SOUTHWEST 129TH STREET**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE NAME ☒ Change ☐ Addition
8723 SW 129 ST
Miami, FL 33176

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

TITLE NAME ☒ Change ☐ Addition
8723 SW 129 ST
Miami, FL 33176

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

TITLE NAME ☒ Change ☐ Addition
8723 SW 129 ST
Miami, FL 33176

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 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:

Beverlyn Tarakoly T 01/31/02 (305)234-5555
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)