

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90316 049 ***150.00

DOCUMENT # P98000029782

1. Entity Name

COMPUTER INFORMATION SOLUTIONS, INC.

Principal Place of Business

Mailing Address

5701 N.W. 61ST PLACE
 PARKLAND FL 33067

5701 N.W. 61ST PLACE
 PARKLAND FL 33067-4431

602452



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

65-0822423

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

VITANGCOL, ALFREDO J
 5701 N.W. 61ST PLACE
 PARKLAND FL 33067

7. Name and Address of New Registered Agent

Name **VITANGCOL, ALFREDO JOSE S.**

Street Address (P.O. Box Number is Not Acceptable)

5701 NW 61st PLACE

City **PARKLAND**

FL

Zip Code

33067

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 *alfredo jose s. vitangcol* **ALFREDO JOSE S. VITANGCOL**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/5/2000

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

TITLE	P	<input type="checkbox"/> Delete
NAME	VITANGCOL, ALFRED	
STREET ADDRESS	5701 NW 61ST PL	
CITY-ST-ZIP	PARKLAND FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	VITANGCOL, VERONICA G	
STREET ADDRESS	5701 NW 61ST PLACE	
CITY-ST-ZIP	PARKLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VITANGCOL, ALFREDO JOSE S.	
STREET ADDRESS	5701 NW 61st PL	
CITY-ST-ZIP	PARKLAND, FL 33067	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VITANGCOL, VERONICA G.	
STREET ADDRESS	5701 NW 61st PL	
CITY-ST-ZIP	PARKLAND, FL 33067	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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:

alfredo jose s. vitangcol **ALFREDO JOSE S. VITANGCOL**

Date

Daytime Phone #

1/5/2000 (954) 255-5622