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2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029782 Jan 18, 2001 8:00 am Secretary of State COMPUTER INFORMATION SOLUTIONS, INC. 01-18-2001 90013 013 ***150.00 Principal Place of Business Mailing Address 5701 N.W. 61ST PLACE 5701 N.W. 61ST PLACE PARKLAND FL 33067 Parkland FL 33067 C0005285 2. Principal Place of Business 3. Mailing Address Suite Ant # etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0822423 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ITA'NG COL VITANGCOL, ALFREDO J Street Address (P.O. Box Number is Not Acceptable) 5701 N.W. 61ST PLACE NW PARKLAND FL 33067 Zip Code 33067 City PARKLAND 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 ALFREDO JOSE S. VITANG LOL - PRESIDENT of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be 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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITLE ☐ Delete VITANGCOL, ALFRED VITANGCOL, ALFREDO JOSÉ NAME NAME 5701 NW 61ST PL STREET ADDRESS STREET ADDRESS 5701 NW 61st PL CITY-ST-ZIP PARKLAND FL 33067 CITY-ST-ZIP PARKLAND, FL 33067 TITLE Delete TITLE Change : ☐ Addition VITANGUOL, VERONICA Q. 5701 NW 61st PL VITANGCOL, VERONICA G NAME NAME 5701 NW 61ST PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PARKLAND FL 33067 CITY-ST-ZIP PARK LAND. FL 33067 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT: F ☐ Change Addition 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 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.

ALFREDO JOSE S. VITANG WL

SENATURE AND TREED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR