2002 UNIFORM BUSINESS REPORT (UBR)

Jan 17, 2002 8:00 am Secretary of State P98000029782 DOCUMENT # 1. Entity Name 01-17-2002 90016 020 ***150.00 COMPUTER INFORMATION SOLUTIONS, INC. Principal Place of Business Mailing Address 5701 N.W. 61ST PLACE 5701 N.W. 61ST PLACE 906931 PARKLAND FL. 33067 PARKLAND FL 33067 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 65-0822423 Not Applicable Zip Country 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 VITANGCOL, ALFREDO J Street Address (P.O. Box Number is Not Acceptable) 5701 N.W. 61ST PLACE PARKLAND FL 33067 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) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PRESIDENT ☐ Delete TITLE 📆 Change VITANGCOL, ALFRED NAME VITANGCOL, ALFREDO JOSE S. NAME 5701 NW 61ST PL STREET ADDRESS 5701 NW 6154 PL -STREET ADDRESS Parkland FL 33067 CITY-ST-ZIP CITY-ST-ZIP PARKLAND, FL 33067 TITLE SECRE TARY □ Delete TITLE Change ☐ Addition VITANGCOL, VERONICA G NAME VITANGLOL, VERONICA Q. NAME 5701 NW 61ST PLACE STREET ADDRESS 5.701 NW 61. + PL STREET ADDRESS CITY-ST-ZIP PARKLAND FL 33067 CITY-ST-ZIP PARKLAND, FL 33067 TITLE ☐ Delete TITLE Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME STREET ADDRESS 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. JOH RAURREBOISE S. VITANGLOL (PRESIDENT) SIGNATURE: ATURE AND TYPED OR P INTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)

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