

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000033012

1. Entity Name

COMPUTRUST USA, INC.

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90024 018 \*\*\*150.00

Principal Place of Business

Mailing Address

5175 N.W. 48TH AVE.  
COCONUT CREEK FL 33073

5175 N.W. 48TH AVE.  
COCONUT CREEK FL 33073-4904

2. Principal Place of Business

5175 NW 48TH AVE

3. Mailing Address

5175 NW 48TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCONUT CREEK FL

City & State

COCONUT CREEK FL

Zip

Country

33073

Zip

Country

33073



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2388780

Applied For

Not Applicable

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

WILSON, KAREN

5175 N.W. 48TH AVE.

COCONUT CREEK FL 33073

Name

KAREN WILSON

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

5175 NW 48TH AVE

City

COCONUT CREEK FL

Zip Code

33073

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME P  
STREET ADDRESS WILSON, KAREN  
CITY-ST-ZIP 5175 NW 48 AVE  
COCONUT CREEK FL 33073

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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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

*Karen Wilson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00 954-994-0650  
Date Daytime Phone #

CR2E034 (9/99)