

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000040057

1. Entity Name

Computer source & Network Solutions, Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12260 SW 8 street

Suite, Apt. #, etc.

130

City & State

Miami FL

Zip

33184

Country

USA

3. Mailing Address

12260 SW 8 street

Suite, Apt. #, etc.

130

City & State

Miami FL

Zip

33184

Country

USA

4. FEI Number

65-0834931

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Ronald Guillen

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

14111 SW 36 street

City

Miami

FL

Zip Code

33175

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)

☐

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$81.25

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	NAME	TITLE	NAME
STREET ADDRESS	PUTD Ana O Guillen	STREET ADDRESS	8000006264428--3
CITY-ST-ZIP	1098 SW 134 COURT Miami FL 33184	CITY-ST-ZIP	-07/09/02--01010--008
			****150.00 ****150.00
TITLE	D	TITLE	
NAME	Ronald Guillen	NAME	
STREET ADDRESS	14111 SW 36 street	STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33175	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ronald Guillen

6/24/02

305 227-0707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)