

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045236

1. Entity Name

AMERICA'S COMPUZONE, INC. → COMP-U-ZONE, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90086 006 ***158.75

Principal Place of Business

Mailing Address

2130 W 68 ST
HIALEAH FL 33016

2130 W 68 ST
HIALEAH FL 33016-1845

2. Principal Place of Business

3. Mailing Address

1665 W. 68 ST. #209

1665 W. 68 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

209

209

City & State

City & State

Hialeah, FL

Hialeah, FL

Zip

Country

Zip

Country

33014

US

33014

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0835618

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

IGLESIAS, ADOLFO E
12010 SW 97 ST.
MIAMI FL 33186-2606

Name

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

City

FL

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)

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	CO	<input type="checkbox"/> Delete
NAME	GONZALEZ, ISABEL E	
STREET ADDRESS	2700 W 73RD PL	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, LEONARDA	
STREET ADDRESS	2700 W 73RD PL	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, AUGUSTO S	
STREET ADDRESS	2130 WEST 68TH STREET	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, ALAIN A	
STREET ADDRESS	2130 WEST 68TH STREET	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gonzalez, Isabel E	
STREET ADDRESS	1665 W 68TH ST. #209	
CITY-ST-ZIP	Hialeah FL 33014	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gonzalez, Augusto S.	
STREET ADDRESS	1665 W. 68TH ST. #209	
CITY-ST-ZIP	Hialeah FL 33014	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24/00 305-8284749

Date

Daytime Phone #

CR2E034 (9/99)