

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State
 01-30-2001 90121 009 ***150.00

DOCUMENT # P98000053649

1. Entity Name

COMPUTER NERDS INTERNATIONAL, INC.

Principal Place of Business

**2670 N.E. 215TH STREET
 MIAMI FL 33180**

Mailing Address

**1671 N.W. 107 LANE
 PLANTATION FL 33322**

2. Principal Place of Business

19077 W Dixie Hwy
 Suite, Apt. #, etc.

3. Mailing Address

19077 W Dixie Hwy
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

N. MIA BEACH, FL

City & State

N. MIA BEACH, FL

4. FEI Number **65-0846947**

Applied For

☒ Not Applicable

Zip

33180

Country

USA

Zip

33180

Country

USA

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

**HECHT, ALAN R
 2670 N.E. 215TH STREET
 MIAMI FL 33180**

Name

David Kriegstein

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

19077 W Dixie Hwy

City

N. MIA BEACH

FL

Zip Code **33180**

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

1-22-01

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, 2001 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 **D** ☐ Delete
 NAME **KREGSTEIN, DAVID**
 STREET ADDRESS **1671 N.W. 107TH LANE**
 CITY-ST-ZIP **PLANTATION FL 33322**

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

TITLE **D** ☐ Delete
 NAME **SCHNEIDERMAN, JEREMY**
 STREET ADDRESS **1938 NORTH OAK HAVEN CIRCLE**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-01

Date

Daytime Phone #

805-932-1213

CR2E034 (10/00)