

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90066 005 ***150.00

DOCUMENT # P98000080457

1. Entity Name

COMPUTECH SOLUTIONS, INC.

Principal Place of Business

**19902 VILLA LANTE PLACE
 BOCA RATON FL 33434**

Mailing Address

**19902 VILLA LANTE PLACE
 BOCA RATON FL 33434**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2030S MONTEVEADI

Suite, Apt. #, etc.

CIRCLE

3. Mailing Address

2030S MONTEVEADI CIRCLE

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

FL

Country

Zip

33498

Country

4. FEI Number

65-0862810

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CONTRERAS, JOSE A
 19902 VILLA LANTE PLACE
 BOCA RATON FL 33434**

7. Name and Address of New Registered Agent

Name

CONTRERAS, JOSE A

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

2030S MONTEVEADI CIRCLE

City

BOCA RATON

FL

Zip Code

33498

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 and printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01-01-02

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, 2002 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

TITLE **D** ☐ Delete
 NAME **CONTRERAS, JOSE A**
 STREET ADDRESS **19902 VILLA LANTE PLACE**
 CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **CONTRERAS, JOSE A**
 STREET ADDRESS **2030S MONTEVEADI CIRCLE**
 CITY-ST-ZIP **BOCA RATON FL 33498**

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

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

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**561-483-4215
 01-01-02**

0408230 AV

CR2E034 (9/01)