

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90037 009 ***150.00

023862

DOCUMENT # P98000085524

1. Entity Name
B T A COMPUTER CONSULTANTS, INC.

Principal Place of Business 15772 SW 74TH LANE MIAMI FL 33193	Mailing Address 15772 SW 74TH LANE MIAMI FL 33193
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address 6871 SW 159 PL
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State Miami FL
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4. FEI Number 65-0868870	Applied For Not Applicable
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Zip 33193	Country Jade
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
TAYLOR, BERMAN
15772 SW 74TH LANE
MIAMI FL 33193

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
6871 SW 159 PL
 City **Miami** FL Zip Code **33193**

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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. 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, 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	
TITLE NAME D TAYLOR, BERMAN STREET ADDRESS 15772 SW 74TH LANE CITY-ST-ZIP MIAMI FL 33193	<input type="checkbox"/> Delete
TITLE NAME D TAYLOR, GILDA STREET ADDRESS 15772 SW 74TH LANE CITY-ST-ZIP MIAMI FL 33193	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME Berman Taylor STREET ADDRESS 6871 SW 159 PL CITY-ST-ZIP MIAMI FL 33193	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME Gilda Taylor STREET ADDRESS 6871 SW 159 PL CITY-ST-ZIP MIAMI FL 33193	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2001 305 383 0339
 Date Daytime Phone #

CR2E034 (10/00)