

**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

2. Principal Place of Business

3. Mailing Address

**6871 SW 159 PL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Miami FL**

4. FEI Number **65-0868870**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**33193**

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



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

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, 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TAYLOR, BERMAN</b>	
STREET ADDRESS	<b>15772 SW 74TH LANE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33193</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TAYLOR, GILDA</b>	
STREET ADDRESS	<b>15772 SW 74TH LANE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33193</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Berman Taylor</b>	
STREET ADDRESS	<b>6871 SW 159 PL</b>	
CITY-ST-ZIP	<b>Miami FL 33193</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Gilda Taylor</b>	
STREET ADDRESS	<b>6871 SW 159 PL</b>	
CITY-ST-ZIP	<b>Miami FL 33193</b>	
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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/19/2001**

Date

**305 383 0339**

Daytime Phone #

CR2E034 (10/00)