

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90096 014 \*\*\*150.00

DOCUMENT # **P98000085524**

1. Entity Name

**B T A COMPUTER CONSULTANTS, INC.**



Principal Place of Business

**15772 SW 74TH LANE  
MIAMI FL 33193**

Mailing Address

**6871 SW 159TH PLACE  
MIAMI FL 33193**

2. Principal Place of Business

**10404 WEST FLAGLER ST**

Suite, Apt. #, etc.

**SUITE 4**

City & State

**MIAMI**

Zip

**33174**

Country

**DADE**

3. Mailing Address

**10404 WEST FLAGLER ST.**

Suite, Apt. #, etc.

**SUITE 4**

City & State

**MIAMI**

Zip

**33174**

Country

**DADE**



CHECK HERE IF MAKING CHANGES

4. FEI Number

**65-0868870**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TAYLOR, BERMAN  
6871 SW 159TH PLACE  
MIAMI FL 33193**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TAYLOR, BERMAN</b>	
STREET ADDRESS	<b>6871 SW 159TH PLACE</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>6871 SW 159TH PLACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33193</b>	
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **BERMAN, GILDA** REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/07/03** **305 552 5505**  
Date Daytime Phone #

CR2E034 (10/02)