

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087072

1. Entity Name

COMPUSHACK INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90078 045 ***158.75

Principal Place of Business

9350 SW 56 ST
MIAMI FL 33165
US

Mailing Address

9350 SW 56 ST
MIAMI FL 33165-6529
US

2. Principal Place of Business

9350 SW 56 ST

Suite, Apt. #, etc.

3. Mailing Address

9350 SW 56 ST

Suite, Apt. #, etc.

City & State

MIAMI-FLORIDA

City & State

MIAMI-FLORIDA

Zip

33165

Country

USA

Zip

33165

Country

USA

4. FEI Number

65-0868220

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESPINAL, RAMON
9737 N.W. 41ST STREET
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

N/A

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.

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, 2000 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
STREET ADDRESS
CITY-ST-ZIP

PVST
ESPINAL, RAMON
9737 N.W. 41ST STREET
MIAMI FL 33166

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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ESPINAL, RAMON
9737 N.W. 41ST STREET
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

N/A

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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N/A

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☐ Change ☐ Addition

N/A

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

RAMON ESPINAL

04/20/00

Date

305-275-2909

Daytime Phone #

CR2E034 (9/99)