## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000089628

1. Entity Name

TOTAL COMPUTER SERVICES CORP. Mailing Address Principal Place of Business 7103 SW 115 PLACE 7103 SW 115 PLACE UNIT A UNIT A MIAMI FL 33173-1840 MIAMI FL 33173 2. Principal Place of Business 3. Mailing Address

## **FILED** Apr 24, 2000 8:00 am Secretary of State

04-24-2000 90128 034 \*\*\*150.00



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Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT W			IITE IN THIS SPACE					
City & State City & State				4.	FEI Number	65-09712	<u></u>		$\Box$	Applied For	
					007007 1290					lot Applicable	
, Country	Zip	Country		5.	Certificate of Status Desired						
me and Address of Current Re	gistered Agent			7.	Name and Ac	dress of New	Registere	d Age	nt		
				Name							
BEALS, JUSTIN EDWARD BRICKELL BAYVIEW CENTRE 86 S.W. 8TH STREET, SUITE 2000 MIAMI FL 33130			Street Address (P.O. Box Number is Not Acceptable)								
			City	<del></del> -			F	L	Zip Co	de	
						n the State of F					
ped or printed name of registered agent and	title if apolicable. (NOTE:	negistere	a Agent signature	rednined wirel	Terresiating)						
Tax filing requirement and elects to do so. After MAY 1, 2000 Fee			will be \$55	0.00			-			00 May Be ed to Fees	
OFFICERS AND DI	RECTORS	12.		A	DDITIONS/CH	IANGES TO O	FFICERS A	ND DIF	RECTO	RS IN 11	
IS, MARK R W 115 PLACE , UNIT A	□ Delete	NAM STRE	E Et address						Change	☐ Addition	
FL 331/3	☐ Delete	TITLE NAM STRE	E Et address						Change	Addition	
	- · ~NAN STRI		E ~ . Et address	.,		<u>.</u>			Change	☐ Addition	
	☐ Delete	NAM STRE	E ET ADDRESS						Change	Addition	
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	□ Delete	NAM STRE	E Et address						Change	Addition	
	The and Address of Current Residue and Canada and Address of Current Residue and Address of C	City & State  Country  Tip  The and Address of Current Registered Agent  The EDWARD AVVIEW CENTRE STREET, SUITE 2000  Thity submits this statement for the purpose of changing its order printed name of registered agent and title if applicable.  (NOTE:  After MAY 1, 200  Make Check Payable  OFFICERS AND DIRECTORS  IS, MARK R  W 115 PLACE, UNIT A  FL 33173  Delete  Delete	City & State  Country  Zip  Country  The and Address of Current Registered Agent  The DWARD LYVIEW CENTRE  STREET, SUITE 2000  Thity submits this statement for the purpose of changing its registered agent and title if applicable.  (NOTE: Register	City & State  Country  Zip  Country  Name  Name  Street Add  Street Add  Name  Street Add  Street Add  City  In EDWARD  Name  Street Add  Street Add  Street Add  City  Intity submits this statement for the purpose of changing its registered Agent signature  In Edward Agent signature  In Edw	City & State  City & State  Country  Zip  Country  5.  The and Address of Current Registered Agent  Name  Street Address (P.O. I  Notic: Registered Agent signature required when signature required when the purpose of changing its registered agent signature required when the purpose of changing its registered Agent signature required when the purpose of changing its registered Agent signature required when the purpose of changing its registered Agent signature required when the purpose of changing its registered agent signature required when the purpose of changing its registered Agent signature required when the purpose of changing its registered agent signature required when the purpose of changing its registered agent signature required when the purpose of changing its registered agent signature required when the purpose of changing its registered agent signature required when the purpose of changing its registered Agent signature required when the purpose of changing its registered agent signature required when the purpose of changing its registered agent signature required when the purpose of changing its registered agent signature required when the purpose of changing its registered agent signature required when the purpose of changing its registered agent signature required when the purpose of changing its registered agent signature required when the purpose of changing its registered agent ag	Suite, Apt. #, etc.  City & State  Country  Zip  Country  5. Certificate of state and Address of Current Registered Agent  Name  Name  Street Address (P.O. Box Number is Street Address (P.O. Box Number is Street, Suite 2000)  130  City  Title  Name  OFFICERS AND DIRECTORS  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-Zip  Delete	Suite, Apt. #, etc.  City & State  City & State  Country  Country  Zip  Country  5. Certificate of Status Desired  Name  Name  Name  Name  Name  Name  Street Address of Current Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptate  City  City  City  City  City  City  Name  N	Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Country  Country  Country  Street Address of Current Registered Agent  Name  Name  Name  Street Address of Current Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  Filty submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Deed or primod name of registered agent and their supplicable.  (NOTE Registered Agent signature required when remastering)  CAT  FILE, NOWITI FEE IS \$150.00  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  OFFICERS AND DIRECTORS  FILE, NOWITI FEE IS \$150.00  ATTILE  NAME  SIRET ADDRESS  CITY-ST-2P  Delete  TILE  TILE  TILE  TILE  TILE	Suite, Apt. #, etc.  City & State  City & State  Country  Zip  Country  S. Certificate of Status Desired  \$8 Fee me and Address of Current Registered Agent  Name  Name  Name  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Intity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  City  FL  Intity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  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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:

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