

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000089628

1. Entity Name
TOTAL COMPUTER SERVICES CORP.

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90006 003 ***150.00

Principal Place of Business

15401 SW 86TH AVE
MIAMI FL 33173

Mailing Address

15401 SW 86TH AVE
MIAMI FL 33173

2. Principal Place of Business

4941 SW 74 COURT

Suite, Apt. #, etc.

3. Mailing Address

15401 SW 86 AVE

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0871295

Applied For

Not Applicable

Zip

33155

Country

USA

Zip

33157

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEALS, JUSTIN EDWARD
BRICKELL BAYVIEW CENTRE
80 S.W. 8TH STREET, SUITE 2000
MIAMI FL 33130

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.

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, 2002 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 D
NAME BANENS, MARK R
STREET ADDRESS 7103 SW 115 PLACE, UNIT A
CITY-ST-ZIP MIAMI FL 33173 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME BANENS, MARK R
STREET ADDRESS 15401 SW 86 AVE
CITY-ST-ZIP MIAMI, FL 33157 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Mark R Banens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-02

Date

(305) 665-5352

Daytime Phone #

CR2E034 (9/01)