

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011351

1. Entity Name

COMPUTECH ASSISTANCE CORP.

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90078 045 \*\*\*150.00

Principal Place of Business

15751 SHERIDAN STREET  
SUITE 128  
FT. LAUDERDALE FL 33331

Mailing Address

15751 SHERIDAN STREET  
SUITE 128  
FT. LAUDERDALE FL 33331-3486

2. Principal Place of Business

15751 SHERIDAN ST.  
Suite, Apt. #, etc.  
PMB 128  
City & State  
FT. LAUDERDALE, FL.  
Zip  
33331 Country  
USA

3. Mailing Address

15751 SHERIDAN ST.  
Suite, Apt. #, etc.  
PMB 128  
City & State  
FT. LAUDERDALE, FL.  
Zip  
33331 Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0893322

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, STEVEN J  
5141 W. SAXON CIRCLE  
FT. LAUDERDALE FL 33331

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, 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	<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	
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P. STEVEN J. MARTIN
STREET ADDRESS	5141 W. SAXON CIRCLE
CITY-ST-ZIP	FT. LAUDERDALE, FL. 33331
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T. S. SALVATORE MARTIN
STREET ADDRESS	5141 W. SAXON CIRCLE
CITY-ST-ZIP	FT. LAUDERDALE, FL. 33331
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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN J. MARTIN 03/18/2000 (954) 805-6221

Date

Daytime Phone #

CR2E034 (9/99)