

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State
 04-05-2001 90445 042 ***150.00

DOCUMENT # P99000014693

1. Entity Name
COMPUTRON SYSTEMS (USA) INC.

Principal Place of Business

25 SE 2ND AVE.
 STE 1000
 MIAMI FL 33131

Mailing Address

25 SE 2ND AVE.
 STE 1000
 MIAMI FL 33131

00031808



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7620 NW 25 ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
3

City & State
Miami, FL

City & State

4. FEI Number **65-0919917**

Applied For
 Not Applicable

Zip
33122

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Joss M. Vega

Street Address (P.O. Box Number is Not Acceptable)

25 SE 2 AVE

410

City

MIAMI

FL

Zip Code

33131

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.

Joss M. Vega **3/30/01**
 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHEMTULLA, AMIN 90 RIVIERA DRIVE MARKHAM ONTARIO CANADA L3R 5M1	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Amin Rhemtulla, Dir. **3/30/01 (305) 447-6090**
 Date Daytime Phone #

CR2E034 (10/00)