

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90116 045 \*\*\*150.00

DOCUMENT # P99000014693

1. Entity Name

Computron Systems (USA) Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7620 NW 25 STREET

3. Mailing Address

7620 NW 25 Street

Suite, Apt. #, etc.

BAY #3

Suite, Apt. #, etc.

Bay 3

City & State

Miami, FL

City & State

MIAMI, FL

Zip

33122

Country

Zip

33122

Country

4. FEI Number

65-0919917

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

ADOLFO IGLESIAS

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

13501 SW 128th STREET

SUITE #208

City

Miami

FL

Zip Code  
33186

**DO NOT WRITE  
IN THIS SPACE**

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.

ADOLFO IGLESIAS

DATE

3-13-02

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
D  
RHEMTULLA, AMIN  
90 RIVIERA DRIVE MARKHAM  
ONTARIO, CANADA L3R 5M1

TITLE  
NAME  
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CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-13-02

Date

305-977-6368

Daytime Phone #