

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014936

1. Entity Name

COMPUTER CONCEPTS WORLDWIDE, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90077 049 ***150.00

Principal Place of Business Mailing Address
~~3609 MOSS POINTE PLACE~~ ~~3609 MOSS POINTE PLACE~~
~~LAKE MARY FL 32746~~ ~~LAKE MARY FL 32746 2436~~
 160 Hope Street Suite 124
 Longwood FL 32750

2. Principal Place of Business 3. Mailing Address
 160 HOPE STREET Suite, Apt. #, etc.

Suite, Apt. #, etc. Suite, Apt. #, etc.
 UNIT 124

City & State City & State
 LONGWOOD, FL

Zip Country Zip Country
 32750 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 593558893 Not Applicable

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

6. Name and Address of Current Registered Agent
 MUKHIQ, SAJJAD
 3609 MOSS POINTE PLACE SAME
 LAKE MARY FL 32746

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 ☐ Delete
 NAME D MUKHI, SAJJAD
 STREET ADDRESS 3609 MOSS POINTE PLACE
 CITY-ST-ZIP LAKE MARY FL 32746

TITLE ☐ Delete
 NAME SIDIK MIYANJI, HASSAN 2520 GRASSY POINTE DR
 STREET ADDRESS 4240 GOLDEN STREET, APT #340 #200
 CITY-ST-ZIP FLUSHING NY 11355 LAKE MARY FL 32746

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: SIDIK MIYANJI, HASSAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00 407-332-8888
 Date Daytime Phone #

CR2E034 (9/99)