

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90087 015 ***158.75

DOCUMENT # P99000014936

1. Entity Name
COMPUTER CONCEPTS WORLDWIDE, INC.



Principal Place of Business
**160 HOPE STREET
UNIT 124
LONGWOOD FL 32750**

Mailing Address
**% NRS ACCOUNTING SERVICES INC.
105 HILLSIDE AVENUE
WILLISTON PARK NY 11596**



2. Principal Place of Business
116 HIGHLINE DR

3. Mailing Address

Suite, Apt. #, etc.
A

Suite, Apt. #, etc.

City & State
LONGWOOD FL

City & State

4. FEI Number **59-3558893**

Applied For
Not Applicable

Zip
32750

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

**MUKHI, SAJJAD
3609 MOSS POINTE PLACE
LAKE MARY FL 32746**

Name
MUKHI, SAJJAD
Street Address (P.O. Box Number is Not Acceptable)
**116 HIGHLINE DR
SUITE A
LONGWOOD FL 32750**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **MUKHI SAJJAD**
STREET ADDRESS **116 HIGHLINE DR SUITE A**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **V** ☐ Delete
NAME **MIYANJI, HASSAN**
STREET ADDRESS **1851 VALLEYWOOD WAY**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **MIYANJI, HASSAN**
STREET ADDRESS **116 HIGHLINE DR SUITE A**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/03

Date

Daytime Phone #

CR2E034 (10/02)