

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016977

1. Entity Name

AMERICA'S COMPUNET, INC.

Principal Place of Business

Mailing Address

2611 S.W. 3RD STREET
MIAMI FL 33135

2611 S.W. 3RD STREET
MIAMI FL 33135-1414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAZ, NANCY A
2611 S.W. 3RD STREET
MIAMI FL 33135

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)

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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.

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\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Delete
NAME	MAYBIN, MARIELA
STREET ADDRESS	2611 S.W. 3RD STREET
CITY-ST-ZIP	MIAMI FL 33135
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	

TITLE	PRESIDENT	<input type="checkbox"/> Change
NAME	IVAN RODRIGUEZ	
STREET ADDRESS	8009 NW 36 ST Suite 235	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change
NAME	JESUS GONZALEZ	
STREET ADDRESS	8009 NW 36 ST Suite 235	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	SECRETARY	<input type="checkbox"/> Change
NAME	MARIELA MAYBIN	
STREET ADDRESS	8009 NW 36 ST Suite 235	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
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 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

1/8/2000

(315) 470-20

Date

Daytime Phone #

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90137 006 ***150.00

00015995



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0903011

Applied For

Not Applied

5. Certificate of Status Desired

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\$8.75 Additional Fee Required