04/26/2001 14:00 305-623-8859 JUNIE V HOF

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May 21, 2001 8:00 am
Secretary of State
05-21-2001 90405 011 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027956

1. Entity Name

COMPUTER CONSULTANTS NETWORK, INC.

Principal Place of Business	Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
18627 SW 15 ST	18627 SW 15 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBROKE PINES, FL	City & State: PEMBROKE PINES, FL
Zip: 33029 Country: USA	Zip: 33029 Country: USA

4. FEI Number: 65-0906943 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROBERTO SARMIENTO
18627 SW 15 ST
PEMBROKE PINES, FL 33029

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) ☒

[redacted]

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	PRES. ROBERTO SARMIENTO 18627 SW 15 ST PEMBROKE PINES, FL 33029 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRES. DARLENE SARMIENTO 18627 SW 15 ST PEMBROKE PINES, FL 33029 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: X Roberto Sarmiento President 954-432-4392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #