

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90449 032 ***150.00

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

DOCUMENT # P99000027956

1. Entity Name

COMPUTER CONSULTANTS NETWORK, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18627 SW 15 ST

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PEMBROKE PINES, FL

City & State

4. FEI Number

65-0906943

Applied For

Not Applicable

Zip

33029

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ROBERTO SARMIENTO

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

18627 SW 15 ST

City

PEMBROKE PINES

FL

Zip Code

33029

**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.

(b)(2)(B) 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)



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-STATE-ZIP
Pres.	ROBERTO SARMIENTO	18627 SW 15 ST	PEMBROKE PINES, FL 33029
VP	DARLENE SARMIENTO	18627 SW 15 ST	PEMBROKE PINES, FL 33029

**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)(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 on an attachment with an address, with all other filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

954-432-4392

Date

Daytime Phone

CR2E034B (12/01)