

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT# P99000045573**

1. Entity Name

FLORIDA COMPUNET, INC.

Principal Place of Business

**5211 NW 79TH AVE
MIAMI FL 33166**

Mailing Address

**5211 NW 79TH AVE
MIAMI FL 33166**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0921184**

Applied For

Not Applicable

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

**CASTILLO, SISILIAM
9264 GRAND CANAL DR
MIAMI FL 33174**Name **MARITZA MARTINEZ**Street Address (P.O. Box Number is Not Acceptable)
5211 N.W. 79th. Avenue**Miami, FL 33166**City **Miami****FL**Zip Code **33166**

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  **SISILIAM CASTILLO**

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

02-27-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	☒ Delete
NAME	CASTILLO, SISILIAM	
STREET ADDRESS	9264 GRAND CANAL DR	
CITY-ST-ZIP	MIAMI FL 33174	

TITLE	VTD	☐ Delete
NAME	MARTINEZ, MARITZA	
STREET ADDRESS	17300 NW 76TH CT	
CITY-ST-ZIP	HIALEAH FL 33015	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	MARITZA MARTINEZ	
STREET ADDRESS	17300 N.W. 76th. Court	
CITY-ST-ZIP	Miami, FL 33015	

TITLE	Vice President	☐ Change ☐ Addition
NAME	NORA MARTINEZ	
STREET ADDRESS	18093 N.W. 60th. Court	
CITY-ST-ZIP	Miami, FL 33015	

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

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

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:  **SISILIAM CASTILLO****02-27-01****305-259-9557**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)