

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053935

1. Entity Name

MICROCOMPUTER TECHNOLOGY SERVICES, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90013 016 ***150.00

Principal Place of Business

Mailing Address

1597 NE 27TH COURT
POMPANO BEACH FL 33064

1597 NE 27TH COURT
POMPANO BEACH FL 33064-6973

2. Principal Place of Business

500 NE 25 St

3. Mailing Address

500 NE 25 St

Suite, Apt. #, etc.

Suite #7

Suite, Apt. #, etc.

Suite #7

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33064

Country

USA

Zip

33064

Country

USA

4. FEI Number

050925903

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, EDWARD
1597 NE 27TH COURT
POMPANO BEACH FL 33064

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

Edward Garcia

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) ☐

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. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PS	<input checked="" type="checkbox"/> Delete
NAME	DUPLER, LAURIE A	
STREET ADDRESS	1597 NE 27TH COURT	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	V	<input type="checkbox"/> Delete
NAME	GARCIA, EDWARD	
STREET ADDRESS	1597 NE 27TH COURT	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edward Garcia	
STREET ADDRESS	1597 NE 27th Ct	
CITY-ST-ZIP	Pompano Beach FL 33064	
TITLE	Secretary - Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edward	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary / Treasurer, VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAURIE A DUPLER	
STREET ADDRESS	1597 NE 27th Ct	
CITY-ST-ZIP	Pompano Beach FL 33064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Edward Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/17/00 951973214