

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053935

1. Entity Name

MICROCOMPUTER TECHNOLOGY SERVICES, INC.

FILED  
Apr 25, 2001 8:00 am  
Secretary of State

04-25-2001 90162 031 \*\*\*150.00

Principal Place of Business

500 NE 25 STREET  
SUITE 7  
POMPANO BEACH FL 33064

Mailing Address

500 NE 25 STREET  
SUITE 7  
POMPANO BEACH FL 33064

2. Principal Place of Business

1577 NE 27TH COURT

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5533

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach, FL.

City & State

Pompano Beach, FL.

4. FEI Number

65-0925903

Applied For

Not Applicable

Zip

Country

33064 USA

Zip

Country

33074 USA

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 782-0833

CR2E034 (10/00)