

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90110 017 \*\*\*150.00

DOCUMENT # P99000058972  
 1. Entity Name  
Biztec Computer Solutions, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business  
1600 South Dixie Hwy  
 Suite, Apt. #, etc.  
Suite #203  
 City & State  
Boca Raton, FL

3. Mailing Address  
1600 South Dixie Hwy  
 Suite, Apt. #, etc.  
Suite #203  
 City & State  
Boca Raton, FL  
 Zip  
33432  
 Country  
USA

4. FEI Number  
65-0930505  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
David J Powers PA  
7777 Glades Rd, Ste 300  
Boca Raton, FL 33434

7. Name and Address of New Registered Agent  
 Name  
Adam Rubenstein  
 Street Address (P.O. Box Number is Not Acceptable)  
1600 South Dixie Hwy, Suite 203  
 City  
Boca Raton FL Zip Code  
33432

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] Adam Rubenstein, Director 4-25-00  
 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 NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Adam Rubenstein</u> <u>9622 Parkview Ave</u> <u>Boca Raton, FL 33428</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>William S. Fleming</u> <u>3606 South Ocean Blvd #806</u> <u>Highland Beach, FL 33487</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Adam Rubenstein</u> <u>9622 Parkview Ave</u> <u>Boca Raton, FL 33428</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>William S. Fleming</u> <u>3606 South Ocean Blvd #806</u> <u>Highland Beach, FL 33487</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Will S. Fleming Director / William S. Fleming 4-25-00 561-347-0080  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)