

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064090

1. Entity Name

COMPUTECH PROFESSIONAL, CORP.

Principal Place of Business

Mailing Address

25 SE 2 AVE STE 305  
MIAMI FL 33131

25 SE 2 AVE STE 305  
MIAMI FL 33131-1509

2. Principal Place of Business

3. Mailing Address

25 SE 2ND AVE

25 SE 2ND AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 305

SUITE 305

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

US

Zip

Country

US

4. FBI Number

65-0791009

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

C0014518



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIMA, PAULO M  
25 SE 2 AVE STE 305  
MIAMI FL 33131

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME PTD  
STREET ADDRESS LIMA, PAULO M  
CITY-ST-ZIP 25 SE 2 AVE STE 305  
MIAMI FL 33131

TITLE ☒ Change ☐ Addition  
NAME PT  
STREET ADDRESS LIMA, PAULO M  
CITY-ST-ZIP 25 SE 2ND AVE SUITE 305  
MIAMI, FL 33131-1509

TITLE ☐ Delete  
NAME VSD  
STREET ADDRESS LIMA, PAULO  
CITY-ST-ZIP 25 SE 2 AVE STE 305  
MIAMI FL 33131

TITLE ☒ Change ☐ Addition  
NAME VS  
STREET ADDRESS LIMA, PAULO  
CITY-ST-ZIP 25 SE 2ND AVE SUITE 305  
MIAMI, FL 33131-1509

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

*Paulo Lima* **TIME REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/2000

805/375-0000

Date

Phone #