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

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** Jan 19, 2001 8:00 am Secretary of State DOCUMENT # P99000064090 COMPUTECH PROFESSIONAL, CORP. 01-19-2001 90083 040 \*\*\*158.75 Mailing Address Principal Place of Business 25-SE-2-AVE-STE-305 25 SE 2 AVE STE 305 MIAMI FL 33131 MIAMI FL 33131 00004761 2. Principal Place of Business 3. Mailing Address 25 SE 2nd Avenue 25 SE 2nd Avenue Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite 1000 Suite 1000 4. FEI Number - 65-0791009-65-1041479 Applied For City & State City & State Miami, FL Not Applicable <u>Miami. FL</u> Country Country \$8.75 Additional 5. Certificate of Status Desired 33131-1672 Miami-Dade Miami-Dade 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LIMA, PAULO M. LIMA, PAULO M Street Address (P.O. Box Number is Not Acceptable) 25 SE 2nd Ave Suite 1000 25 SE 2 AVE STE 305 **MIAMI FL 33131** Zip Code City Miami 3131-1672 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, typed or printed hame of registered agent and title if applicable Paulo M. Lima (NOTE: Registered Agent signature required when reinstating) SIGNATURE January 9th, FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change CR2E034 (10/00) TITLE ☐ Delete TITLE LIMA, PAULO M NAME NAME Lima, Paulo M. 25 SE 2 AVE-STE 305 STREET ADDRESS STREET ADDRESS 25 SE 2nd Ave Suite 1000 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 Miami, FL 33131-1672 ☐ Delete Change ☐ Addition TITLE TITLE LIMA, PAULO R NAME Lima, Paulo R. STREET ADDRESS STREET ADDRESS 25 SE 2 AVE-STE-305-25 SE 2nd Ave Suite 1000 CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33131 Miami, FL 33131-1672 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of rustee 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.

Lima, President