

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075729

1. Entity Name
FX COMPUTER PEOPLE, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90110 034 ***150.00

00052017



DO NOT WRITE IN THIS SPACE

Principal Place of Business
5216 N.E. 6TH AVE., 3A
FT. LAUDERDALE FL 33334-3355

Mailing Address
5216 N.E. 6TH AVE., 3A
FT. LAUDERDALE FL 33334-3355

2. Principal Place of Business
2800 E. COMMERCIAL BLD
Suite, Apt. #, etc.
STE. 208

3. Mailing Address
2800 E. COMMERCIAL BLD
Suite, Apt. #, etc.
STE. 208

City & State
FT. LAUDERDALE, FL

City & State
FT. LAUDERDALE, FL

Zip
33308

Country
USA

Zip
33308

Country
USA

4. FEI Number 65-0942578

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
VALVO, BARBARA
5216 N.E. 6TH AVE., 3A
FT. LAUDERDALE FL 33334-3355

7. Name and Address of New Registered Agent
Name ALLEN H. KATZ, P.A.
Street Address (P.O. Box Number is Not Acceptable)
2800 E. COMMERCIAL BLD.
STE. 208
City FT. LAUDERDALE FL Zip Code 33308

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 *Allen H. Katz* (NOTE: Registered Agent signature required when reinstating) DATE 4-30-01

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	P VALVO, BARBARA 5216 N.E. 6TH AVE., 3A FT. LAUDERDALE FL 33334-3355 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALVO, BARBARA 3351 NW 85 AVE # 215 CORAL SPRINGS FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DE LUCA, ANTIMO 25 CARINA RD. N. HAVEN CT 06473 <input checked="" type="checkbox"/> Delete	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"/> Delete	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: *Barbara Valvo* 4/25/01 (800) 206-9573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)