

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 17, 2000 8:00 am  
Secretary of State

05-17-2000 90961 043 \*\*\*150.00

DOCUMENT # P99000083697

1. Entity Name **A-Computer Plus, Incorporated**

Principal Place of Business **5883 West Atlantic Ave.**

Mailing Address **21569 Battery Park Terr.**

**Delray Beach, FL 33484**

**Boca Raton, FL 33428**

2. Principal Place of Business **5883 West Atlantic Ave.**

3. Mailing Address **21569 Battery Park Terr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State **Delray Beach, FL 33484**

**Boca Raton, FL 33428**

Zip

Country

Zip

Country

4. FEI Number **65-0953407**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **David Torchin, C.P.A.**

Street Address **821 P. West Broward Blvd.**

**Suite 200**

City **Plantation**

**FL**

Zip Code **33324**

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

**David Torchin, C.P.A.**

**4/29/00**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>Sheldon Cohen</b>	<b>21569 Battery Park Terr.</b>	<b>Boca Raton, FL 33428</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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:

**Sheldon Cohen**  
**President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)