

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90192 014 ***150.00

DOCUMENT # P99000087686

1. Entity Name

COMPU NETWORK SOLUTIONS, INC.



Principal Place of Business
2833 NORTHWEST 91ST AVENUE
#101
CORAL SPRINGS F: 33065

Mailing Address
2833 NORTHWEST 91ST AVENUE
#101
CORAL SPRINGS F: 33065



2. Principal Place of Business

3300 N. University Dr.

Suite, Apt. #, etc.

Suite 604

City & State

Coral Springs, FL

Zip

33065

Country

USA

3. Mailing Address

3300 N. University Dr.

Suite, Apt. #, etc.

Suite 604

City & State

Coral Springs, FL

Zip

33065

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0953324

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREENBERG, JEFFREY L ESQ
4800 N FEDERAL HIGHWAY STE 3040
BOCA RATON FL 33431

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME MENENDEZ, ANTHONY
STREET ADDRESS 2833 NORTHWEST 91ST AVENUE #101
CITY-ST-ZIP CORAL SPRINGS F: 33065

TITLE SV ☐ Delete
NAME CANAMELLA, ANDREW J
STREET ADDRESS 5022 NW 100TH TERR
CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/03

954-753-9600

Date

Daytime Phone #

CR2E034 (10/02)