## **2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P9900089472  1. Entity Name COMPUTECH NETWORKS, INC.					Jan 31, 2000 8:00 am Secretary of State			
Principal Place	e of Business	Mailing Address						
1111 BRICKELL BAY DRIVE SUITE 1707 MIAMI FL 33146		1111 BRICKELL BAY DRIVE SUITE 1707 MIAMI FL 33131-2957			LUU14470	UU 281814818 18UU SISU IS	BIO ((8) 180)	
-2Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPACE		
City & State		City & State		4.5	El Number 995 30	1/2   Ap	pplied For ot Applicable	
Zip	Country	Zip	Country	<b>5.</b> C	ertificate of Status Desired	\$8.75 Add		
	6. Name and Address of Current			7. N	ame and Address of New Reç		<u></u> .	
1111 SUIT	RIGUEZ, ROBERT BRICKELL BAY DRIVE E 1707 M FL 33146		Name Street Add	iress (P.O. Bo	ox Number is Not Acceptable)		— ——-	
IAITVIA	MITE OUTO	<del>-</del> .	City		_	FL Zip Cod	e	
Tax filing re (See criter	Signature, typed or printed name of registered agent pration is eligible to, satisfy, its .intangible equirement and elects to do so, ia on back)	After MAY 1, 200 Make Check Payable	0 Fee will be \$55 e to Department	0.00 of State	10. Election Campaign Finar Trust Fund Contribution.  DITIONS/CHANGES TO OFFIC	☐ Added	May Be	
11. TITLE	OFFICERS AND PVST	Directors Delete	12.	AU	DITIONS/CHANGES TO OFFIC	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	RODRIGUEZ, ROBERT 1111 BRICKELL BAY DRIVE MIAMI FL 33146	. Delete	NAME STREET ADDRESS CITY-ST-ZIP		Mg.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, ROBERT 1111.BRICKELL BAY DRIVE MIAMI FL 33146	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	Control of supplication	jor som o <mark>⊡ichange</mark> :	Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Additio	
13. I hereby of indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the reported or trustee or the	this filing does not qualify for true and accurate and that m	the exemption state y signature shall have required by Chap	d in Section ve the same I ter 607, Florid	119.07(3)(i), Florida Statutes. I f egal effect as if made under oa da Statutes; and that my name	urther certify that the i ath; that I am an officer appears in Block 11 o	nformation or director r Block 12 if	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR