

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000027371

1. Entity Name

DISCOVERY COMPUTER PARTS, INC.

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-13-2000 90017 048 ***150.00

Principal Place of Business

13250 S.W. 88TH TERRACE
#C-309
MIAMI FL 33186

Mailing Address

13250 S.W. 88TH TERRACE
#C-309
MIAMI FL 33186-1790

2. Principal Place of Business

1910 W 56th St.
Suite, Apt. #, etc.

#3220
City & State
Hialeah FL

Zip 33012 Country USA

3. Mailing Address

PO BOX 6667864
Suite, Apt. #, etc.

City & State
MIAMI FL

Zip 33166 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0481951

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARTINEZ, BLANCA J
13250 S.W. 88TH TERRACE
#C309
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name YANG, SHENG-LI
Street Address (P.O. Box Number is Not Acceptable)
1910 W 56th St #3220
City MIAMI FL Zip Code 33012

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	YANG, SHENG-LI	
STREET ADDRESS	1910 W. 56TH ST., #3220	
CITY-ST-ZIP	MIAMI FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

4-26-2000 (305) 824-4118
Date Daytime Phone

CR2E034 (9/99)