

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90506 042 \*\*\*150.00

DOCUMENT # **P96000081653**

1. Entity Name  
**WHOLESALE WAREHOUSE COMPUTERS & ELECTRONICS, INC.**



Principal Place of Business  
**3256 LAKE WASHINGTON ROAD  
MELBOURNE FL 32934**

Mailing Address  
**3256 LAKE WASHINGTON ROAD  
MELBOURNE FL 32934**



2. Principal Place of Business  
**1700 W. New Haven Ave**

3. Mailing Address  
**1700 W New Haven Ave**

Suite, Apt. # etc  
**#485**

Suite, Apt. # etc  
**#485**

City & State  
**Melbourne FL 32904**

City & State  
**Melbourne FL**

Zip  
**32904**

Zip  
**32904**

4. FEI Number  
**11-3115800**

Applied For  
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BASHIR, IBRAHIM  
3256 LAKE WASHINGTON ROAD  
MELBOURNE FL 32934**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1700 W. New Haven Ave #485**  
City **Melbourne** FL Zip Code **32904**

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 \_\_\_\_\_ (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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPST	BASHIR, IBRAHIM	3256 LAKE WASHINGTON ROAD	MELBOURNE FL 32934	<input type="checkbox"/>
		1700 W. New Haven Ave		<input type="checkbox"/>
		#485		<input type="checkbox"/>
		Melbourne FL 32904		<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"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **IBRAHIM**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-17-03** **321-768-1399**  
Date Daytime Phone #

CR2E034 (10/02)