

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90154 001 ***150.00

DOCUMENT # P98000036988

1. Entity Name
3R COMPUTERS, INC.

Principal Place of Business
5827 S.W. 144TH CIRCLE PLACE
MIAMI FL 33183

Mailing Address
5827 S.W. 144TH CIRCLE PLACE
MIAMI FL 33183

2. Principal Place of Business
10000 N.W. 80CT

3. Mailing Address
10000 NW 80CT

Suite, Apt. #, etc.
APT 2135

Suite, Apt. #, etc.
apt 2135

City & State
Hialeah Ids, FL

City & State
Hialeah Gardens

Zip
33016

Country
USA

Zip
33016

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0843442**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DIAZ, ROBERTO
5827 SW 144TH CIR PLACE
MIAMI FL 33183

7. Name and Address of New Registered Agent

Name **ROBERTO DIAZ**
 Street Address (P.O. Box Number is Not Acceptable)
10000 N.W. 80CT
APT 2135
 City **Hialeah Ids** **FL** Zip Code **33016**

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 **Roberto Diaz** **4/25/02**
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, 2002 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 **D** ☐ Delete
 NAME **DIAZ, ROBERTO**
 STREET ADDRESS **5827 S.W. 144TH CIRCLE PLACE**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE **D** ☐ Delete
 NAME **SILVA, RODOLFO**
 STREET ADDRESS **4284 SW 154TH PLACE**
 CITY-ST-ZIP **MIAMI FL 33196**

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

12. 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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

4/25/02 **(305) 262-2215**
 Date Daytime Phone #

CR2E034 (9/01)