


FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

03 AUG 27 AM 8:00

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

DOCUMENT # F79743 1. Entity Name COMPUQUIP TECHNOLOGIES, INC.		
Principal Place of Business 8399 N.W. 30TH TERRACE MIAMI, FL 33122-1916 US		Mailing Address PO BOX 55 7219 MIAMI, FL 33155 US
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 8399 NW 30 Terrace Suite, Apt. #, etc.
City & State Miami, Florida		4. FEI Number 59-2189948
Zip 33122-1916		Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DOSAL, ALBERTO 8399 N.W. 30TH TERRACE MIAMI, FL 33122-1916		7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when registering)</small>		
FILE NOW WITH FEE IS \$150.00 After May 11, 2003 Fee will be \$550.00 Amend UBR to 12/25/01 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>
\$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS
TITLE P NAME DOSAL, ALBERTO STREET ADDRESS 8399 N.W. 30TH TERRACE CITY-ST-ZIP MIAMI, FL 331221916	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE S NAME DOSAL, LOURDES STREET ADDRESS 8399 N.W. 30TH TERRACE CITY-ST-ZIP MIAMI, FL 331221916	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Alberto Dosal</i>		Alberto Dosal, President 305-436-7272



CHECK HERE IF MAKING CHANGES *MRS*

9000226081
 08/27/03 018
 \$550.00

FILED 04 (10/02)