2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **F93000000657** Jun 05, 2000 8:00 am 1. Entity Name **Secretary of State** COMPUTER LIQUIDATIONS, LTD. 06-05-2000 90005 006 ***150.00 Mailing Address Principal Place of Business 3200 NORTH FEDERAL HWY 3200 NORTH FEDERAL HWY **STE 122** STE 122 **BOCA RATON FL 33431-6048 BOCA RATON FL 33431** 3. Mailing Address 2. Principal Place of Business 2101 NW CORPORATE BLUD 701 NW CORPORATE BLUD Suite, Apt. #, etc. # 2/3 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 16-1429180 Not Applicable 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent hosenberg ROSENBERG, ROBERT Street Address (P.O. Box Number is Not Accepted le) 3200 NORTH FEDERAL HWY **STE 122 BOCA RATON FL 33431** RATON 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change ☐ Addition Delete TITLE ROSENBERG, ROBERT L NAME NAME 17549 SCARSDATE WAY STREET ADDRESS STREET ADDRESS 5188 NW 26 CIR BOCA RATON, FL 33496 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Addition Change ☐ Delete TITLE DORAN, DAVID A NAME STREET ADDRESS 250 S OCEAN BLVD #6H STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TIT! F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE

13. I hereby certify that the information supplied with this filling 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 true e 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

WILES ON TYPED OR PRINTED NAME OF SIGNING OFFICER OFTINGCTOR

5/05/00

361-750~33B

Daytime Phone #