

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F96000003718**

1. Entity Name

**MICROCOMPUTERS, PERIPHERALS & SERVICES, INC.****FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90015 023 \*\*\*150.00

Principal Place of Business

Mailing Address

**2115 NW 84 AVE  
MIAMI FL 33122****2115 NW 84 AVE  
MIAMI FL 33126-1031**

2. Principal Place of Business

3. Mailing Address

**1607 NW 84th Ave****1607 NW 84th Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Miami, FL**City & State  
**Miami, FL**4. FEI Number **74-2666301**Applied For  
Not ApplicableZip  
**33126**Country  
**USA**Zip  
**33126**Country  
**USA**5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****RAMIREZ, FRANCISCO  
2115 N.W. 84TH AVENUE  
MIAMI FL 33122**Name  
**FRANCISCO RAMIREZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**1607 NW 84th Ave**City **Miami** **FL** Zip Code **33126**

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

**04/24/00**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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **C** ☐ Delete  
NAME **MORENA, MARTIN M**  
STREET ADDRESS **2115 NW 84 AVE**  
CITY-ST-ZIP **MIAMI FL 33122**TITLE **C** ☒ Change ☐ Addition  
NAME **MORENO, MARTIN MEXIA**  
STREET ADDRESS **1607 NW 84th Ave**  
CITY-ST-ZIP **Miami FL 33126**TITLE **DS** ☐ Delete  
NAME **CUEN, ENRIQUE O**  
STREET ADDRESS **2115 NW 84 AVE**  
CITY-ST-ZIP **MIAMI FL 33122**TITLE **DS** ☒ Change ☐ Addition  
NAME **CUEN, ENRIQUE O.**  
STREET ADDRESS **1607 NW 84th Ave**  
CITY-ST-ZIP **Miami FL 33126**TITLE **D** ☐ Delete  
NAME **DE LA VEGA MEJIA, FRANCISCO**  
STREET ADDRESS **2115 NW 84 AVE**  
CITY-ST-ZIP **MIAMI FL 33122**TITLE **D** ☒ Change ☐ Addition  
NAME **DE LA VEGA-MEJIA, FRANCISCO**  
STREET ADDRESS **1607 NW 84th Ave**  
CITY-ST-ZIP **Miami FL 33126**TITLE **P** ☐ Delete  
NAME **RAMIREZ, FRANCISCO**  
STREET ADDRESS **2115 NW 84 AVE**  
CITY-ST-ZIP **MIAMI FL 33122**TITLE **P.** ☒ Change ☐ Addition  
NAME **RAMIREZ, FRANCISCO**  
STREET ADDRESS **1607 NW 84th Ave**  
CITY-ST-ZIP **Miami FL 33126**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ 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 empowerment.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/24/00**

Date

**305-513-0222**

Daytime Phone #

CR2E034 (9/99)