

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005214

1. Entity Name
DIMOR COMPUTERS, L.C.

Principal Place of Business
8918 COLLINS AVENUE, SUITE 4
SURFSIDE FL 33154

Mailing Address
8918 COLLINS AVENUE, SUITE 4
SURFSIDE FL 33154

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT) Registered Agent signature required when reinstating

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME MORILLO, DIANA
STREET ADDRESS 8918 COLLINS AVENUE, SUITE 4
CITY-ST-ZIP SURFSIDE FL 33154

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100004216781-6
-05/15/01--01047--012
*****50.00 *****50.00

TITLE MGR
NAME SALOM, WILSON
STREET ADDRESS CALLE 15, BIS #37-21, APARTAMENTO 402
CITY-ST-ZIP SANTA FE DE BOGOTA, COLUMBIA

TITLE
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CITY-ST-ZIP

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Diana Morillo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED
01 APR 30 PM 6:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)