

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90212 039 ***150.00

DOCUMENT # M18663

1. Entity Name
AMERICAN COMPUTER PRODUCTS CORP.



Principal Place of Business
**555 CLENDON BLVD
SUITE 53
KEY BISCAYNE FL 33149
US**

Mailing Address
**555 CLENDON BLVD
SUITE 53
KEY BISCAYNE FL 33149
US**

2. Principal Place of Business

3. Mailing Address

555 CRANDON BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

City & State

Key Biscayne FL

Zip

Country

Zip

Country

33149

US

4. FEI Number

59-2567290

Applied For

Not Applicable

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

**APARICIO, PILAR
555 CLENDON BLVD
SUITE 53
KEY BISCAYNE FL 33149**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITILE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**APARICIO, PILAR
1460 BRICKELL AVE., #303
MIAMI FL**

TITILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

PD ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**GUTIERREZ, HELENA
1460 BRICKELL AVE., #303
MIAMI FL**

TITILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

VDS ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**GUTIERREZ, MANUEL
1460 BRICKELL AVE., #303
MIAMI FL**

TITILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
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☐ Delete
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CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/10/03 (305) 3619610

CR2E034 (10/02)