

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90393 020 ***150.00

DOCUMENT # M37925

1. Entity Name
ALL BUSINESS COMPUTER SUPPLY INC.

Principal Place of Business
4590 NE SANDPEBBLE TRACE #301
STUART FL 34996
US

Mailing Address
4590 NE SANDPEBBLE TRACE #301
STUART FL 34996
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4674 Robinwood Circle
 Suite, Apt. #, etc. **B**

3. Mailing Address
4674 Robinwood Circle
 Suite, Apt. #, etc. **B**

City & State
Boynton Beach, FL
 Zip **33436** Country **US**

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Boynton Beach, FL
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4. FEI Number **59-2715925** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BERNSTEIN, MARTIN
4590 NE SANDPEBBLE TRACE #301
STUART FL 34996

7. Name and Address of New Registered Agent
 Name **Bernstein, Martin**
 Street Address (P.O. Box Number is Not Acceptable)
4674 Robinwood Circle B
 City **Boynton Beach FL** Zip Code **33436**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERNSTEIN, SHERYL 4590 NE SANDPEBBLE TRACE #301 STUART FL 34996 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS BERNSTEIN, MARTIN (BUDDY) 4590 NE SANDPEBBLE TRACE #301 STUART FL 34996 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERNSTEIN, MARTIN 4590 NE SANDPEBBLE TRACE #301 STUART FL 34996 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition Bernstein, Sheryl 4674 Robinwood Circle B Boynton Beach, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS <input type="checkbox"/> Change <input type="checkbox"/> Addition Bernstein, Martin (Buddy) 4674 Robinwood Circle B Boynton Beach, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input type="checkbox"/> Addition Bernstein, Martin 4674 Robinwood Circle B Boynton Beach, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE: Sheryl Bernstein **Sheryl Bernstein** **4/11/02** **561-742-1034**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)