2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State
06-08-2000 90034 014 ***163.75

DOCUMENT # ~~650050481~~ M47568

Entity Name

Computer Products Unlimited, Inc.
6600 N.W. 12th. Avenue, Suite 203,
Fort Lauderdale, Fl. 33309

Principal Place of Business

Mailing Address

6600 N. W. 12th. Avenue, Suite 203
Fort Lauderdale, Fl. 33309

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6600 N.W. 12th.Avenue Suite, Apt. #, etc.	SAME Suite, Apt. #, etc.
203 City & State	City & State
Fort Lauderdale, Fl. Zip / Country	Zip / Country
33309 Broward	33309

4. FEI Number 65-0050481 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Raul Adan
6600 N. W. 12th. Avenue, Suite 203
FORT LAUDERDALE, Florida. 33309

7. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) XX

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $500.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Raul Adan 6600 N.W.12th. Avenue, Suite 203 Fort Lauderdale, Fl. 33309	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer Mercedes Adan 6600 N.W. 12th.Avenue, Suite 203 Fort Lauderdale, Fl. 33309	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ 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: _____ MAY 18 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #