

2000 UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # ~~65005048~~ 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

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

4. FEI Number 65-6050481 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

8. 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 _____
(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) ☒ **FILE NOW!!! FEE IS \$150.00**
AND MAY 7, 2000 FEE WILL BE \$300.00
Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

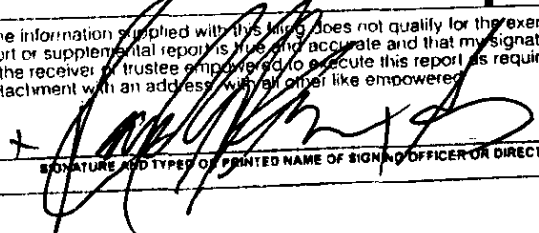
11. OFFICERS AND DIRECTORS

TITLE	President	☐ Delete
NAME	Raul Adan	
STREET ADDRESS	6600 N.W. 12th. Avenue, Suite 203	
CITY - ST - ZIP	Fort Lauderdale, Fl. 33309	
TITLE	Secretary/Treasurer	☐ Delete
NAME	Mercedes Adan	
STREET ADDRESS	6600 N.W. 12th. Avenue, Suite 203	
CITY - ST - ZIP	Fort Lauderdale, Fl. 33309	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ 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, without other like empowered.

SIGNATURE:  MAY 18 2000
Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR