

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2001 8:00 am**  
**Secretary of State**  
 05-19-2001 90278 019 \*\*\*150.00

**DOCUMENT #** P00000076518  
**1. Entity Name**  
 PRINTER COMPUTER'S SERVICE CORPORATION

**Principal Place of Business** 8895 FONTAINEBLEAU BLVD. SUITE 406 MIAMI, FL. 33172  
**Mailing Address** 8895 FONTAINEBLEAU BLVD. SUITE 406 MIAMI FL 33172

**2. Principal Place of Business** Suite, Apt. #, etc. City & State Zip Country  
**3. Mailing Address** Suite, Apt. #, etc. City & State Zip Country

**4. FEI Number** APPLIED FOR  
**5. Certificate of Status Desired** ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 CARLOS H. RANGEL  
 8895 FONTAINEBLEAU BLVD. STE 406  
 MIAMI FL. 33172

**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** Carlos H Rangel.  
Signature, typed or printed name of registered agent and title if applicable. (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.** ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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**

<b>TITLE</b>	PD	<input type="checkbox"/> Delete
<b>NAME</b>	RODRIGUEZ, JAVIER O.	
<b>STREET ADDRESS</b>	8895 FONTAINEBLEAU BLVD. STE 406	
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	D	<input type="checkbox"/> Delete
<b>NAME</b>	RANGEL, CARLOS H.	
<b>STREET ADDRESS</b>	8895 FONTAINEBLEAU BLVD. STE 406	
<b>CITY-ST-ZIP</b>	MIAMI FL. 33172	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** Carlos H Rangel. 05/01/01 (305) 220-2611  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)