

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90024 010 ***550.00

DOCUMENT # P00000089114

1. Entity Name

COMPUTER PLUS USA, INC.

Principal Place of Business

Mailing Address

**1211 WEST 34TH ST.
HIALEAH FL 33012**

**1211 WEST 34TH ST.
HIALEAH FL 33012**

2. Principal Place of Business

3. Mailing Address

520 W 29th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HIALEAH FL.

Zip

Country

Zip

Country

33012

DADE

4. FEI Number

65-1043166

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

Name

ELIO PEREZ

Street Address (P.O. Box Number is Not Acceptable)

4844 N.W 107th PATH

City

MIAMI

FL

Zip Code

33178

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

Elio Perez

PRES

8/30/01

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.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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 **D** ☒ Delete
NAME **PEREZ, ELIO**
STREET ADDRESS **1211 WEST 34TH ST.**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☒ Change ☐ Addition
NAME **4844 N.W 107th PATH**
STREET ADDRESS **MIAMI FL, 33178**
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **MORELLO, MAURICIO**
STREET ADDRESS **1211 WEST 34TH ST.**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☒ Change ☐ Addition
NAME **6521 COWDEN RD**
STREET ADDRESS **MIAMI LAKES, FL. 33014**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Elio PEREZ

8/30/01

(305) 889-0076

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (5/01)