

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90242 011 \*\*\*150.00

DOCUMENT # P00000103660  
1. Entity Name GLOBAL COMPUTER AND CAMERA, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 226 LINCOLN ROAD  
Suite, Apt. #, etc.

3. Mailing Address 226 LINCOLN ROAD  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State MIAMI BEACH, FL City & State MIAMI BEACH 4. FEI Number 30-0030236 Applied For  Not Applicable

Zip 33139 Country US Zip 33139 Country US 5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name SWISSA, SHIMON  
Street Address (P.O. Box Number is Not Acceptable) 226 LINCOLN ROAD  
City MIAMI BEACH, FL Zip Code 33139

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)

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE	<u>PSD</u>	TITLE	
NAME	<u>SHIMON SWISSA</u>	NAME	
STREET ADDRESS	<u>226 LINCOLN ROAD</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>MIAMI BEACH, FL 33139</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SWISSA SHIMON SWISSA 1/29/02 305-538-5001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)