

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90044 035 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000008471

1. Entry Name
P.O.S. COMPUTER SYSTEMS, INC.



Principal Place of Business
7214 N.W. 31ST ST.
MIAMI, FL 33122

Mailing Address
7214 N.W. 31ST ST.
MIAMI, FL 33122

80114366



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
7214 NW 31 Street
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
Miami - Florida

City & State
same. -

4. FEI Number
31-1752769

Applied For
Not Applicable

Zip
33122

Country
USA

Zip
Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CANIZALES, CESAR A
13951-SW 66TH STREET
103A
MIAMI, FL 33183

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Numbers Not Acceptable)
City
FL Zip Code

8. The above named entry submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and date applicable (NOTE: Registered Agent signature required when submitting)

FILE NOW WITH FEE IS \$150.00
After May 1, 2003 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May be
Trust Fund Contribution Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | PVST | <input type="checkbox"/> Delete |
| NAME | CANIZALEZ, CESAR | |
| STREET ADDRESS | 8654 S.W. 139 AVE. | |
| CITY-ST-ZIP | MIAMI, FL 33186 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CANIZALEZ, CESAR | |
| STREET ADDRESS | 8654 S.W. 139 AVE. | |
| CITY-ST-ZIP | MIAMI, FL 33186 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other fees empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

DATE: 05/30/03
305-3999915

CR 200314 (10/02)