

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

3. Mailing Address  
Same

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 to 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 must be under authority)

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		
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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 the changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

DATE: 05/30/03  
305-3999915

CR 200314 (10/02)