

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

FILED

DOCUMENT# P01000009381

1. Entity Name

PC XOOM SYSTEMS, INC.

02 SEP -6 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100007673751--8

-09/12/02--01001--024

***300.00 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2858 NW 72 AVE

3. Mailing Address
7105 SW 8 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.
103

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number 65-1074137

Applied For
Not Applicable

Zip
33122

Country
US

Zip
33144

Country
US

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ALEXANDER ROSAS

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

2332 MADISON ST

City HOLLYWOOD

FL

Zip Code
33020

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

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

(PD) ALEXANDER ROSAS
15320 SW 26TH ST
DAVIE, FL 33326

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

(VD) LUIS FELIPE LOPEZ
2332 MADISON ST
HOLLYWOOD, FL 33020

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**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)(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 on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/02

Date

Daytime Phone #

CR200348 (12/01)

9/16/02

PC XOOM SYSTEMS, INC.
DOC.#P01000009381

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

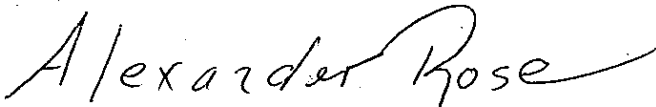
TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT.

CORDIALLY

A handwritten signature in cursive script that reads "Alexander Rosas". The signature is fluid and elegant, with a long horizontal flourish extending from the end of the name.

ALEXANDER ROSAS
PRESIDENT