

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90087 017 ***150.00

DOCUMENT # P01000009381

1. Entity Name
PC XOOM SYSTEMS, INC.



Principal Place of Business
**2858 NW 72 AVE
MIAMI FL 33122**

Mailing Address
**7105 SW 8 STREET
#103
MIAMI FL 33144**

30013400



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1074137**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSAS, ALEXANDER
2332 MADISON ST
HOLLYWOOD FL 33020**

Name **VELEZ ALEJANDRO**
Street Address (P.O. Box Number is Not Acceptable)
5654 NW 112 place
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! 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
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **ROSAS, ALEXANDER**
STREET ADDRESS **15320 SW 26TH ST**
CITY-ST-ZIP **DAVIE FL 33326**

TITLE **PD** ☒ Change ☐ Addition
NAME **LOPEZ Luis Felipe**
STREET ADDRESS **11291 N.W. 7th Street, Apt 02**
CITY-ST-ZIP **Miami FL 33172**

TITLE **VD** ☒ Delete
NAME **LOPEZ, LUIS FELIPE**
STREET ADDRESS **2332 MADISON ST**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **V-S** ☐ Change ☒ Addition
NAME **VELEZ ALEJANDRO**
STREET ADDRESS **5654 NW 112 place**
CITY-ST-ZIP **Miami FL 33178**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/03 **(305) 226-3443**
Date Daytime Phone #

CR2E034 (10/02)