

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

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90035 036 ***158.75

DOCUMENT # P01000023305

1. Entity Name

All Computer Sales Corp. ✓

DO NOT WRITE IN THIS SPACE

421615

2. Principal Place of Business

12918 SW 133 Ct.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

4. FEI Number

65-1086890

Applied For

Not Applicable

Zip

33186

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Angelo Maimone

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

12918 SW 133 Ct

City

Miami

FL

Zip Code

33186

**DO NOT WRITE
IN THIS SPACE**

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)

Angelo Maimone

(NO IL: Registered Agent signature required when reinstating)

2-5-02

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	<i>P</i>
NAME	<i>Angelo Maimone</i>
STREET ADDRESS	<i>12918 SW 133 Court</i>
CITY - ST - ZIP	<i>Miami, FL 33186</i>
TITLE	<i>V</i>
NAME	<i>Christina Barrientos</i>
STREET ADDRESS	<i>12918 SW 133 Ct</i>
CITY - ST - ZIP	<i>Miami, FL 33186</i>
TITLE	<i>M</i>
NAME	<i>Jeffrey D. Todd</i>
STREET ADDRESS	<i>12918 SW 133 Ct</i>
CITY - ST - ZIP	<i>Miami, FL 33186</i>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<i>*Delete*</i>
NAME	<i>*Delete*</i>
STREET ADDRESS	<i>Mercedes Taylor</i>
CITY - ST - ZIP	<i>(411) From former records please.</i>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Angelo Maimone

2-6-02

DATE

305-258-8805

DAYTIME PHONE #

CR2E034B (12/01)