

**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.
Suite, Apt. #, etc.

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

DO NOT WRITE IN THIS SPACE

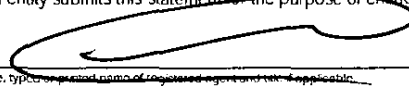
City & State
Miami, FL
Zip
33186 Country
USA

4. FEI Number
65-1086890
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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**

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  **Angelo Maimone** **2-5-02**
Signature, type or printed name of registered agent and date, if applicable. (NO ILL: 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	P
NAME	Angelo Maimone
STREET ADDRESS	12918 SW 133 Court
CITY - ST - ZIP	Miami, FL 33186
TITLE	V
NAME	Christina Barrientos
STREET ADDRESS	12918 SW 133 Ct
CITY - ST - ZIP	Miami, FL 33186
TITLE	M
NAME	Jeffrey D. Todd
STREET ADDRESS	12918 SW 133 Ct
CITY - ST - ZIP	Miami, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	*Delete* *Delete*
NAME	Mercedes Taylor
STREET ADDRESS	(41)
CITY - ST - ZIP	From former records please.
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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TITLE	
NAME	
STREET ADDRESS	
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:  **Angelo Maimone** **2-6-02** **305-258-8005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034B (12/01)