2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91427 028 ***150.00

DOCUMENT # P01000033962

1. Entity Name
CompumobileTECH-STORE, INC

Principal Place of Business	Mailing Address
19240 NW 50TH AV Opa-Locka Fl 33015	

2. Principal Place of Business	3. Mailing Address
18942 NW 57TH AV.	7105 SW 8 St
Suite, Apt #, etc 102	Suite, Apt #, etc. 309
City & State Hialeah F	City & State Miami Fl
Zip 33015 Country	Zip 331.. Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1091827 ☐ Applied ☐ Not Ap...

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

6. Name and Address of Current Registered Agent

GONZALEZ JERIDA
19240 NW 50TH AV.
Opa-Locka Fl 33015

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 ... the obligations of registered agent.

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 ... Added to ...

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN...	
TITLE P NAME Gonzalez Carlos STREET ADDRESS 19240 NW 50 AV CITY-ST-ZIP Opa-Locka Fl 33055	☐ Delete	TITLE NAME STREET ADDRESS 18942 NW 57 AV #102 CITY-ST-ZIP Hialeah Fl 33015	☒ Change ☐
TITLE V NAME Gonzalez Jerida STREET ADDRESS 19240 NW 50 AV CITY-ST-ZIP Opa-Locka Fl 33055	☐ Delete	TITLE NAME STREET ADDRESS 18942 NW 57 AV #102 CITY-ST-ZIP Hialeah Fl 330N	☒ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐

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

SIGNATURE: [signature] JERIDA GONZALEZ 4/30/03 (305)226-3443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #