

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000046357

1. Entity Name

US COMPUTER &amp; CARTRIDGES CORP.

Principal Place of Business

8001 NW 36TH ST., STE. 109  
MIAMI FL 33166

Mailing Address

8001 NW 36TH ST., STE. 109  
MIAMI FL 33166

2. Principal Place of Business

3148 NW 72<sup>nd</sup> AV.

3. Mailing Address

3148 NW 72<sup>nd</sup> AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

MIAMI, FL

City &amp; State

MIAMI, FL

Zip

33122

Country

US

Zip

33122

Country

US

4. FEI Number

65-1121562

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLOREZ GLORIA

8001 NW 36TH ST., STE. 109  
MIAMI FL 33166

Name

PALACIO, MIGUEL A.

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

3148 NW 72<sup>nd</sup> AV.

City

MIAMI

FL

Zip Code

33122

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

3/22/02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.  
(See criteria on back)☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

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	D/S/T	<input type="checkbox"/> Delete
NAME	FLOREZ GLORIA	
STREET ADDRESS	8001 NW 36TH ST., STE. 109	
CITY-ST-ZIP	MIAMI FL 33166	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE	M/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIGUEL A. PALACIO	
STREET ADDRESS	3148 NW 72 <sup>nd</sup> AV.	
CITY-ST-ZIP	MIAMI, FL 33122	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/02 (305) 477-7570

FILED  
May 28, 2002 8:00 am  
Secretary of State

04-03-2002 90196 009 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

FORM 0034 (9/01)