

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

DOCUMENT # P01000046357

1. Entity Name

us Computer & Cartridges Corp.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

04 OCT 21 AM 10:38

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3180 NW 72 AVE

Suite, Apt. #, etc.

3. Mailing Address

7105 SW 8th

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33122

Country

Zip

33144

Country

REINSTATEMENT 04

DO NOT WRITE IN THIS SPACE

5/4/04 96166 036 \$150.00

4. FEI Number

05-1121502

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

Mauricio Montano

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

3180 NW 72 AVE

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

Mauricio Montano

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: 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
NAME
STREET ADDRESS
CITY-ST-ZIP
Pd
Mauricio Montano
3180 NW 72 AVE
Miami, FL 33122

TITLE
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Mauricio Montano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR250348 11/2/04

US COMPUTER & CARTRIDGES CORP.

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISE THAT ON APRIL 14, 2004 I SUBMITTED THE ANNUAL REPORT
PAYMENT ALONG WITH THE PAYMENT AND THAT I NEVER RECEIVED A
REJECTED LETTER FROM YOUR OFFICE.

AS PER YOUR INSTRUCTIONS, I AM ENCLOSING MY COMPLETE ANNUAL
REPORT FORM ALONG WITH THE COPY OF THE CHECK ALREADY CASHED, IN
ORDER TO PUT MY COMPANY IN THE NORMAL STATUS. I APPRECIATE ALL
YOUR HELP IN THIS MATTER.

THANK YOU FOR YOUR TIME AND CONSIDERATION AND IF YOU HAVE ANY
FURTHER QUESTION, PLEASE DO NOT HESITATE TO CONTACT ME.

CORDIALLY,


MAURICIO MONTANO
PRESIDENT

RECEIVED
04 OCT 21 AM 10:12
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA