

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0206370
AV

DOCUMENT # P01000046357

1. Entity Name
US COMPUTER & CARTRIDGES CORP.



FILED

03 FEB 10 AM 10:45

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3148 NW 72 AV
MIAMI FL 33122

Mailing Address
3148 NW 72 AV
MIAMI FL 33122

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

PALACIO, MIGUEL A
3148 NW 72 AVE
MIAMI FL 33122

Name MAURICIO MONTAÑO
Street Address (P.O. Box Number is Not Acceptable)
8020 NW 87 TERR
City MIAMI FL Zip Code 33015

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 accept the obligations of registered agent.

SIGNATURE *Mauricio Montano*
Signature, typed or printed name of registered agent and title if applicable.

MAURICIO MONTAÑO

2/7/03

(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 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME FLOREZ, GLORIA
STREET ADDRESS 8001 NW 36TH ST., STE. 109
CITY-ST-ZIP MIAMI FL 33166

TITLE ☒ Change ☐ Addition
NAME *8020 N.W. 187 TERR*
STREET ADDRESS MIAMI FL 33015
CITY-ST-ZIP

TITLE PD ☒ Delete
NAME PALACIO, MIGUEL A
STREET ADDRESS 3148 NW 72 AV
CITY-ST-ZIP MIAMI FL 33122

TITLE PD ☐ Change ☒ Addition
NAME RAHMUNDO RICARDO
STREET ADDRESS 14231 S.W. 62 Street
CITY-ST-ZIP MIAMI FL 33183

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400013272004
CITY-ST-ZIP 02/28/03--01045--025 ***150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/02 (305)226-3443

Date Daytime Phone #

CR2E034 (10/02)