

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000092150

1. Entity Name
F1 COMPUTER SUPPORT, INC.

Principal Place of Business
1075 NE MIAMI GARDEN DR #611
NORTH MIAMI FL 33179

Mailing Address
1075 NE MIAMI GARDEN DR #611
NORTH MIAMI FL 33179

2. Principal Place of Business
15307 SW 52 TR
Suite, Apt. #, etc.

3. Mailing Address
15307 SW 52 TR
Suite, Apt. #, etc.

City & State
MIAMI FL
Zip 33185 Country MIAMI-DADE

City & State
MIAMI FL
Zip 33185 Country MIAMI-DADE

4. FEI Number 65-1077443
Applied For
Not Applicable

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

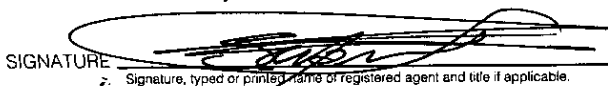
6. Name and Address of Current Registered Agent

SCIPIONI, FEDERICO G
1075 NE MIAMI GARDEN DR #611
NORTH MIAMI FL 33179

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
15307 SW 52 TR
City MIAMI FL Zip Code 33185

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

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

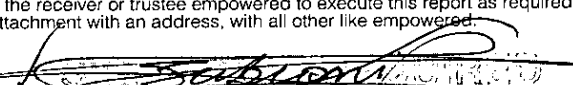
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCIPIONI, FEDERICO G 1075 NE MIAMI GARDEN DR #611 NORTH MIAMI FL 33179	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	15307 SW 52 TR MIAMI, FL 33185	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 #

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90018 018 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)