

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

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90201 024 ***150.00

DOCUMENT # **P01000104051**
1. Entity Name
SA COMPUTERS ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2920 NW 72 Ave
Suite, Apt. #, etc.
City & State
Miami-Flg. 33122
Zip
33122 Country
DADE

3. Mailing Address
Suite, Apt. #, etc.
City & State
same
Zip
same Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1150384
Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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 | ROBERTO M. LLENDEZ 995 NW 165th Ave Pembroke Pines Fl. 33028 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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DO NOT WRITE 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)(b), 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: **[Signature]** 01/28/02 (305) 499-9452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)