

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90331 020 \*\*\*150.00

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

DOCUMENT # P01000104877

1. Entity Name

W M W COMPUTER AND ELECTRONICS  
CORPORATION

**DO NOT WRITE IN THIS SPACE**

420231

2. Principal Place of Business

141 NE 3<sup>rd</sup> AVENUE

Suite, Apt. #, etc.  
300

City & State

MIAMI FL

Zip  
33132

Country  
USA

3. Mailing Address

141 NE 3<sup>rd</sup> AVENUE

Suite, Apt. #, etc.  
300

City & State

MIAMI FL

Zip  
33132

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

651156212

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

ANDRE FINCK

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

15051 SW 103 LN

APT 4201

City

MIAMI

FL

Zip Code

33196

**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

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

PRES.  
WASHINGTON CONTO, JR.  
511 W 65 Street  
MIAMI FL 33012

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VICE PRESIDENT  
ANDRE FINCK  
15051 SW 103 LN APT  
MIAMI FL 33196

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 3833370

CR2E034B (12/01)