

# 03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY -1 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000103978

1. Entity Name

LAPTOP LOCATOR, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1945 Sans Souci Blvd.

3. Mailing Address  
1945 Sans Souci Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
North Miami, Florida

City & State  
North Miami, Florida

4. FEI Number

Applied For  
Not Applicable

Zip  
33181

Country  
Dade

Zip  
33181

Country  
Dade

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

7. Name and Address of Current Registered Agent

Name Carlos J. Garcia

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

1945 Sans Souci Blvd.

City North Miami

FL

Zip Code  
33181

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

CARLOS J. GARCIA

April 25, 2003

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSTD  
GARCIA, CARLOS J.  
1945 Sans Souci Blvd., N. Miami, FL 33181

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
PARADA, REEMBERTO J.  
1945 Sans Souci Blvd., N. Miami, FL 33181

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
MARTIN, JORGE E.  
1945 Sans Souci Blvd., N. Miami, FL 33181

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/2003

(305) 981-1560

Date

Daytime Phone #

CR2E034B (12/02)

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