



FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90235 033 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000116766						80108616			
1. Entity Name FINANCIAL COMPUTER INC.									
Principal Place of Business 20184 OCEAN KEY DR BOCA RATON, FL 33498			Mailing Address 20184 OCEAN KEY DR BOCA RATON, FL 33498			 <input type="checkbox"/> CHECK HERE IF MAKING CHANGES			
2. Principal Place of Business		3. Mailing Address		4. FPI Number 03-0489799				Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country	RABINOVICH, FABIANA I 20184 OCEAN KEY DR BOCA RATON, FL 33498					
Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code				Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code					
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 _____ 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. <input type="checkbox"/>						\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		CR2E034 (10/02)		
NAME	RABINOVICH, FABIANA I			NAME					
STREET ADDRESS	20184 OCEAN KEY DR			STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON, FL 33498			CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				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)(1), 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 or without like empowered.									
SIGNATURE: <i>Fabiana I Rabinovich</i>				Date: 4/28/03 305-6889694					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR				Date					