

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P93000074876**1. Entity Name  
ENTERPRISE COMPUTER CONCEPTS, INC.

## Principal Place of Business

7220 NW 36TH STREET  
#606  
MIAMI  
33166

FL

## Mailing Address

7220 NW 36TH STREET  
#606  
MIAMI  
33166

FL

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

**52-2271079**

Applied For

Not Applicable

## 5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

VASSALLO CLAUDIO  
4564 NW 114TH AVENUE  
#1410  
MIAMI  
33178

FL

US

## 7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

**01/26/2001**

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, 2001 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE T ☐ Delete  
NAME LAU PEDRO L  
STREET ADDRESS 11712 FRUBISHER CT.  
CITY-ST-ZIP ORLANDO FL 32837TITLE S ☐ Delete  
NAME LAU PEDRO L  
STREET ADDRESS 11712 FRUBISHER CT.  
CITY-ST-ZIP ORLANDO FL 32837TITLE VP ☐ Delete  
NAME LAU PEDRO L  
STREET ADDRESS 11712 FRUBISHER CT.  
CITY-ST-ZIP ORLANDO FL 32837TITLE P ☐ Delete  
NAME VASSALLO CLAUDIO  
STREET ADDRESS 4564 NW 114TH AVENUE  
CITY-ST-ZIP MIAMI FL 33178TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE T ☒ Change ☐ Addition  
NAME SUAREZ ROSARIO M  
STREET ADDRESS 40 SW 34 AVENUE  
CITY-ST-ZIP MIAMI FL 33135TITLE S ☒ Change ☐ Addition  
NAME SUAREZ ROSARIO M  
STREET ADDRESS 40 SW 34 AVENUE  
CITY-ST-ZIP MIAMI FL 33135TITLE VP ☒ Change ☐ Addition  
NAME ZECCHINATO LUCIANO  
STREET ADDRESS 7220 NW 36 STREET SUITE 606  
CITY-ST-ZIP MIAMI FL 33166TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: CLAUDIO VASSALLO**

P

01/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)