2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P94000039900** May 09, 2000 8:00 am Secretary of State 1. Entity Name ARCO COMPUTER PRODUCTS, INC. 05-09-2000 90107 039 ***150.00 Mailing Address Principal Place of Business 2750 N. 29TH AVENUE, SUITE 316 2750 N. 29TH AVENUE. SUITE 316 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020-1583 2. Principal Place of Business 3. Mailing Address 29.C+ North 3100 3100 North Suite, Apt. #, etc. 2nd Floor Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 2nd FLUUR Applied For 4. FEI Number 65-0493489 11 Jwood Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) LEVY, ITZIK 2750 N. 29TH AVENUE, SUITE 316 HOLLYWOOD FL 33020 Floor 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. VPMDelete TITLE Change ☐ Addition TITLE BARRON, DONNA NAME STREET ADDRESS STREET ADDRESS 2750 N. 29TH AVENUE, SUITE 316 CITY-ST-ZIP CITY - ST - ZIP HOLLYWOOD FL 33020 ☐ Addition ☐ Delete TITLE TITLE NAME LEVY, ITZIK STREET ADDRESS STREET ADDRESS 2750 N. 29TH AVENUE, SUITE 316 CITY-ST-ZIP -CITY-ST-ZIP HOLLYWOOD FL 33020 -☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR