FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 11, 2002 8:00 am DOCUMENT # P94000058861 **Secretary of State** 1. Entity Name RICHARDS COMPUTER, INC. 02-11-2002 90219 015 \*\*\*150.00 Principal Place of Business Mailing Address 1881 NW 87TH AVE 1881 NW 87TH AVE MIAMI FL 33172-2609 MIAMI FL 33172-2609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0511020 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NEWMAN, WILLIAM A Street Address (P.O. Box Number is Not Acceptable) 1881 NW 87TH AVE **MIAMI FL 33172** Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE ☐ Delete TITLE ☐ Change ☐ Addition ALE, JOHN R NAME NAME 2688 MATTOX CREEK DR STREET ADDRESS STREET ADDRESS **OAKTON VA 22124** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NEWMAN, WILLIAM A NAME STREET ADDRESS 1502 SCADIA CIR STREET ADDRESS CITY-ST-ZIP RESTON VA 20190 CITY-ST-ZIP Delete ☐ Change TITLE Addition FURR, JAMES B NAME NAME STREET ADDRESS 360 NE 97TH ST STREET ADDRESS CITY-ST-ZIP MIAMI FL 33138 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MONTE RODOLFO NAME NAME STREET ADDRESS 12839 SW 62ND LN STREET ADDRESS CITY-ST-ZIP MIAMI FL 33183 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition **BORRERRO, ROBERT** NAME NAME STREET ADDRESS 1850 NW 112TH ST STREET ADDRESS CITY-ST-ZIP MIAMI FL 33167 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME CARRILLO, IVAN NAME 5844 SW 5TH TERR STREET ADDRESS STREET ADDRESS **MIAMI FL 33144** 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.

703 205-2451