

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90375 008 ***150.00

DOCUMENT # P94000058861

1. Entity Name
RICHARDS COMPUTER, INC.



Principal Place of Business
**1881 NW 87TH AVE
MIAMI FL 33172-2609**

Mailing Address
**1881 NW 87TH AVE
MIAMI FL 33172-2609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0511020**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**NEWMAN, WILLIAM A
1881 NW 87TH AVE
MIAMI FL 33172**

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. 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 reinstating)

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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ALE, JOHN R**
STREET ADDRESS **2688 MATTOX CREEK DR**
CITY-ST-ZIP **OAKTON VA 22124**

TITLE **D** ☐ Delete
NAME **NEWMAN, WILLIAM A**
STREET ADDRESS **1502 SCADIA CIR**
CITY-ST-ZIP **RESTON VA 20190**

TITLE **PD** ☐ Delete
NAME **FURR, JAMES B**
STREET ADDRESS **360 NE 97TH ST**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE **VPD** ☐ Delete
NAME **MONTE RODOLFO**
STREET ADDRESS **12839 SW 62ND LN**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE **TD** ☐ Delete
NAME **BORRERRO, ROBERT**
STREET ADDRESS **1850 NW 112TH ST**
CITY-ST-ZIP **MIAMI FL 33167**

TITLE **S** ☐ Delete
NAME **CARRILLO, IVAN**
STREET ADDRESS **5844 SW 5TH TERR**
CITY-ST-ZIP **MIAMI FL 33144**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William A. Newman, DR 1/13/2003 703 205 2453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)