

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000015269

1. Entity Name

AMERICAN PC CORP.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90049 006 ***158.75

Principal Place of Business

Mailing Address

~~9206 NW 144 TERR~~
~~MIAMI, FL. 33018~~
US

~~9206 NW 144 TERR~~
~~MIAMI, FL. 33108~~
US

2. Principal Place of Business

9101 NW 145 LANE

3. Mailing Address

9101 NW 145 LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL.

4. FEI Number

65-0559250

Applied For

Not

Zip

33018

Country

USA

Zip

33018

Country

USA

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHUM JEE L.
9206 NW 144 TERR
MIAMI, FL. 33018

7. Name and Address of New Registered Agent

Name

SHUM JEE J.

Street Address (P.O. Box Number is Not Acceptable)

9101 NW 145 LANE

City

MIAMI

FL

Zip Code

33018

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

3/21/00

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, 2000 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

TITLE PD
NAME SHUM, JEE L.
STREET ADDRESS ~~9206 NW 144 TERR~~
CITY-ST-ZIP ~~MIAMI, FL. 33018~~



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
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CITY-ST-ZIP



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TITLE
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STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

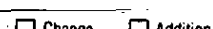
TITLE PD
NAME SHUM, JEE J.
STREET ADDRESS 9101 NW 145 LANE
CITY-ST-ZIP MIAMI, FL. 33018



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



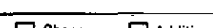
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



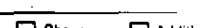
TITLE
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TITLE
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STREET ADDRESS
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TITLE
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STREET ADDRESS
CITY-ST-ZIP



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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-00

Date

Daytime Phone #