2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State
02-11-2002 90060 045 ***158.75

014370 AV

DOCUMENT # P95000015269

1. Entity Name
AMERICAN PC CORP.

Principal Place of Business	Mailing Address
~~9101 NW 145 LANE~~	~~9101 NW 145 LANE~~
~~MIAMI FL 33018~~	~~MIAMI FL 33018~~
US	US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
18530 SW 39 St. Ct.	18530 SW 39 St. Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miramar, Fl.	City & State: Miramar, Fl.
Zip: 33029 Country:	Zip: 33029 Country:

4. FEI Number 65-0559250 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SHUM, JEE L.
~~9101 NW 145 LANE~~
~~MIAMI FL 33018~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 18530 SW 39 St. Ct.
City Miramar FL Zip Code 33029

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] 1/24/02
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 Tax filing requirement and elects to do so. (See criteria on back) ☐

~~FILE NOW!!! FEE IS $150.00~~
~~After May 1, 2002 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	PD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	SHUM, JEE L		NAME		
STREET ADDRESS	~~9101 NW 145 LANE~~		STREET ADDRESS	18530 SW 39 St. Ct.	
CITY-ST-ZIP	~~MIAMI FL 33018~~		CITY-ST-ZIP	Miramar, Fl 33029.	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/01)

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 REQUIRED [signature] 1/24/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #