## 2000 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE** 

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DI

## **FILED** Mar 20, 2000 8:00 am Secretary of State DOCUMENT # **P95000032940** MORE THAN A COMPUTER, INC. 03-20-2000 90042 037 \*\*\*150.00 Mailing Address Principal Place of Business 936 INTRACOASTAL DRIVE 936 INTRACOASTAL DRIVE SUITE 3-C E0033764 FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304-3635 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suitè, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0585733 Not Applicable Zip \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EPSTEIN, KATHLEEN Street Address (P.O. Box Number is Not Acceptable) 936 INTRACOASTAL DR. SUITE 3C FT. LAUDERDALE FL 33304 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Change ☐ Addition ☐ Delete TITLE EPSTEIN. KATHLEEN NAME NAME STREET ADDRESS 936 INTRACOASTAL DR., SUITE 3C STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33304 ☐ Addition TITLE ☐ Delete ☐ Change 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 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 distee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with an address, with all other

Daytime Phone #