

2002 UNIFORM BUSINESS REPORT (UBR)

0305956 AV

DOCUMENT # P95000032940

1. Entity Name
MORE THAN A COMPUTER, INC.

APPROVAL
AND
FILED

02 Jun 20 PM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
936 INTRACOASTAL DRIVE
SUITE 3-C
FORT LAUDERDALE FL 33304

Mailing Address
936 INTRACOASTAL DRIVE
SUITE 3-C
FORT LAUDERDALE FL 33304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0585733

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EPSTEIN, KATHLEEN
936 INTRACOASTAL DR.
SUITE 3C
FT. LAUDERDALE FL 33304

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 P
NAME EPSTEIN, KATHLEEN
STREET ADDRESS 936 INTRACOASTAL DR., SUITE 3C
CITY-ST-ZIP FT. LAUDERDALE FL 33304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400006204154--2
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*****550.00 *****550.00

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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

KATHLEEN EPSTEIN

6/4/02 (954) 336-1718

CR2E034 (9/01)