2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 12, 2000 8:00 am Secretary of State DOCUMENT # **P95000059389** 1. Entity Name ABLE COMPUTER EQUIPMENT SERVICE CO. 04-12-2000 90156 009 ***150.00 Principal Place of Business 3 Mailing 'Address 6923 CYPRESS RD #A12 PLANTATION FL 33317 PLANTATION FL 93317-2307 2. Principal Place of Business 3. Mailing Address 163315, W. 155 STREET DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0622248 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REDERNIK RUSH BUSH, FREDERICK C Street Address (P.O. Box Number is Not Acceptable) 6929: CYPRESS RD #A11 PLANTATION FL 33317 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Heriogea Addition TITLE TITLE ☐ Delete REDERICK C. BUSH BUSH, FREDERICK C NAME NAME 6331 5.W. 1ST STREET STREET ADDRESS 6923 CYPRESS RD #A11 STREET ADDRESS **PLANTATION FL 33317** CITY-ST-ZIP CITY-ST-7IP UMMATTON, FC. 333/7 ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME 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

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

4/5/2000 94/53-1641