2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 07, 2000 8:00 am Secretary of State DOCUMENT # P96000027262 COMPUTER ONE WHOLESALE, INC. 05-07-2000 90015 023 ***150.00 Principal Place of Business Mailing Address 8400 NW 25 STREET 8400 NW 25 STREET **SUITE 104** SHITE 104 MIAMI FL 33122-1530 MIAMI FL 33122 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0657391 Not Applicable Country \$8.75 Additional Zip Country П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RAPOSO, GIL 8400 NW 25 STREET SUITE 104 MIAMI FL 33122 this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named earts SIGNATURE (NOTE: Registered Agent signature required when reinstating) stered 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 П 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 11. OFFICERS AND DIRECTORS 12. SECRETARY Addition Delete TITLE ☐ Change PS TITLE NAME NAME DANTAS, RENATA F STREET ADDRESS STREET ADDRESS 6200 GRANADA BLVD. CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME DANTAS, PATRICIA F STREET ADDRESS STREET ADDRESS 6200 GRANADA BLVD. CITY-ST-7IP CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME DANTAS, CAROLINA F STREET ADDRESS STREET ADDRESS 6200 GRANADA BLVD. CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CORAL GABLES, FL 33/46 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition 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 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 appowered.