

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P960000873-51

1. Entity Name  
**VARIETY REPAIRS & ELECTRONICS, Inc**

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90132 003 \*\*\*150.00

Principal Place of Business  
**199 SW 12 AVE #10**  
**MIAMI, FL 33130**

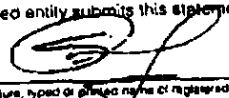
Mailing Address  
**199 SW 12 AVE #10**  
**MIAMI FL 33130**

|                                |         |                     |         |                                                                                          |  |                                                        |  |
|--------------------------------|---------|---------------------|---------|------------------------------------------------------------------------------------------|--|--------------------------------------------------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number<br><b>65-0706362</b>                                                       |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| State, Apt. #, etc.            |         | State, Apt. #, etc. |         | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |                                                        |  |
| City & State                   |         | City & State        |         |                                                                                          |  |                                                        |  |
| Zip                            | Country | Zip                 | Country |                                                                                          |  |                                                        |  |

DO NOT WRITE IN THIS SPACE

|                                                 |  |  |  |                                                    |  |  |  |
|-------------------------------------------------|--|--|--|----------------------------------------------------|--|--|--|
| 8. Name and Address of Current Registered Agent |  |  |  | 7. Name and Address of New Registered Agent        |  |  |  |
|                                                 |  |  |  | Name <b>Guillermo Meja</b>                         |  |  |  |
|                                                 |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|                                                 |  |  |  | <b>199 SW 12 AVE #10</b>                           |  |  |  |
|                                                 |  |  |  | City <b>MIAMI FL</b> Zip Code <b>FL 33130</b>      |  |  |  |

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.

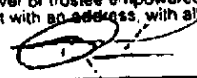
SIGNATURE  DATE **4/20/2000**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

|                                                                                                                                                      |  |                                                                                                                                         |  |                                                                                                              |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------|--|
| 9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back) <input type="checkbox"/> |  | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2000 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> |  | 10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------|--|

| 11. OFFICERS AND DIRECTORS                 |                               |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |      |                                                                   |
|--------------------------------------------|-------------------------------|---------------------------------|-------------------------------------------------------|------|-------------------------------------------------------------------|
| TITLE<br><b>DPST</b>                       | NAME<br><b>Guillermo Meja</b> | <input type="checkbox"/> Delete | TITLE                                                 | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br><b>199 SW 12 AVE #10</b> |                               |                                 | STREET ADDRESS                                        |      |                                                                   |
| CITY- ST- ZIP<br><b>MIAMI FL 33130</b>     |                               |                                 | CITY- ST- ZIP                                         |      |                                                                   |
| TITLE                                      | NAME                          | <input type="checkbox"/> Delete | TITLE                                                 | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS                             |                               |                                 | STREET ADDRESS                                        |      |                                                                   |
| CITY- ST- ZIP                              |                               |                                 | CITY- ST- ZIP                                         |      |                                                                   |
| TITLE                                      | NAME                          | <input type="checkbox"/> Delete | TITLE                                                 | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS                             |                               |                                 | STREET ADDRESS                                        |      |                                                                   |
| CITY- ST- ZIP                              |                               |                                 | CITY- ST- ZIP                                         |      |                                                                   |
| TITLE                                      | NAME                          | <input type="checkbox"/> Delete | TITLE                                                 | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS                             |                               |                                 | STREET ADDRESS                                        |      |                                                                   |
| CITY- ST- ZIP                              |                               |                                 | CITY- ST- ZIP                                         |      |                                                                   |
| TITLE                                      | NAME                          | <input type="checkbox"/> Delete | TITLE                                                 | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  **President** DATE **4/20/2000** (305) 545-9933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR