2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000087611 DOCUMENT

1. Entity Name

ACX COMPONENT XCHANGE CORPORATION



FILED Jan 23, 2003 8:00 am Secretary of State 01-23-2003 90187 021 ***150.00

Principal Price of Business 200 MW 2800 ST POMPANO BEACH PL 30064 200 MW 2800 ST 200 MW 2800							CONT. IF	>					
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Zip Country Zip Country Sip Country Sip Country S. Certificate of Status Desired	Suite, Apt	. #, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
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Name	Zip		Country	Zip	Zip Count			5	5. Certificate of Status Desired \$8.75 Additional				
Name		6. Name	and Address of Current	Registered Agent				7.	7. Name and Address of New Registered Agent				
SINGER, BERNARD A ESO 4925A SHERIDAN ST. HOLLYWOOD FL 33021 City FL Zip Code				3			Name			iogiotoroa	Agont		
### HOLLYWOOD FL 33021 City FL Zip Code								ess (P.O.	(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 agent, or coth, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SignATURE SignATURE S	4925-A Sh	HERIDAN ST	ſ .						·	<u> </u>			
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. I am familiar with, and accept the obligations of registered agent. SignATURE SignATURE SignATURE SignATURE SignATURE SignATURE SignATURE SignATURE SignATURE SignATURE SignATURE SignATURE SignATURE SignATURE SignATURE SignATURE SignATURE SignAT	HOLLYWO	OD FL 330	21										
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	12. hereby c	ertify that the	information supplied with t	this filing	does not qualify for			n Section	n 119 07(3)(i). Florida Statutos	further co	tify that the is	formation	

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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

Date

Daytime Phone #