

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90213 013 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000026240 1. Entity Name COMPUFRIEND COMPUTER CORPORATION					
Principal Place of Business 4837 GANIMEDE LANE ORLANDO, FL 32821-817 US			Mailing Address P O BOX 690366 ORLANDO, FL 32869-0366		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 22 Wagon Lane Suite, Apt. #, etc.		 ☒ CHECK HERE IF MAKING CHANGES	
City & State		City & State Levittown, NY			
Zip		Zip 11756-4112			
Country		Country NASSAU			
4. FEI Number 59-3439637				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEXLER, DAVID W 4837 GANIMEDE LANE ORLANDO, FL 32821-8217				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when returning)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$500.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTs WEXLER, DAVID W 4837 GANIMEDE LANE ORLANDO, FL 328218217		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>David Wexler, David Wexler</u> <u>4-25-03</u> <u>407-739-8893</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CH20034 (10/02)