

FILED  
Mar 20, 2002 8:00 am  
Secretary of State

03-20-2002 90232 009 \*\*\*150.00

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

DOCUMENT # P970000 26368

1. Entity Name

RCR COMPUTERS, INC.

**DO NOT WRITE IN THIS SPACE**

425892

2. Principal Place of Business

5654 N.W. 79th Ave.

Suite, Apt. #, etc.

3. Mailing Address

c/o MAF

Suite, Apt. #, etc.

P.O. Box 771210

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

CORAL SPRING, FL

4. FEI Number

65-0769825

Applied For

Not Applicable

Zip

Country

33166

Zip

Country

33077-1210

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name JOSEPH E. MILLER

Street Address (P.O. Box Number is Not Acceptable)

3000 N. UNIVERSITY DRIVE

SUITE E

City

CORAL SPRING

FL

Zip Code

33065

**DO NOT WRITE  
IN THIS SPACE**

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

JOSEPH E MILLER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/25/02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DP  
BOODOO ASHRAM  
4500 N.W. 79th Ave #1A  
MIAMI, FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DST  
ROSSY, RICHARD  
6721 KINGSMOOR WAY  
MIAMI, FL 33014

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/02

Date

305-594-7800

Daytime Phone #

CR2E034B (12/01)