

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90060 016 ***150.00

DOCUMENT # P97000035928

1. Entity Name
INTERNATIONAL COMPUTER SUPPLIES, INC.

Principal Place of Business

7923 N.W. 21ST STREET
MIAMI FL 30122-1616

Mailing Address

7923 N.W. 21ST STREET
MIAMI FL 30122-1616

2. Principal Place of Business

1620 NW 82 AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

16-1525218

Applied For

Not Applicable

Zip

33126

Country

U.S.A

Zip

33126

Country

U.S.A

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SASSO, ROSS
7923 N.W. 21ST STREET
MIAMI FL 30122-1616

7. Name and Address of New Registered Agent

Name SASSO ROSS

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

4877 NW 97 PLACE

City MIAMI

FL

Zip Code 33128

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 P ☐ Delete
NAME SASSO, ROSS
STREET ADDRESS 7923 N.W. 21ST STREET
CITY-ST-ZIP MIAMI FL 30122-1616

TITLE S ☐ Delete
NAME POLTI, ELEANORA
STREET ADDRESS 11205 COTE DE LIESSE W., STE 100 DORVAL
CITY-ST-ZIP PQ CANADA H9P 1B1

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME SASSO ROSS
STREET ADDRESS 4877 NW 97 PLACE
CITY-ST-ZIP MIAMI FL 33128

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROSS SASSO JAN 9/02

Date

Daytime Phone #

CR2E034 (9/01)