

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90003 043 \*\*\*150.00

**DOCUMENT # P97000035928**

1. Entity Name  
**INTERNATIONAL COMPUTER SUPPLIES, INC.**



Principal Place of Business  
**1620 NW 82 AVE  
MIAMI FL 33126**

Mailing Address  
**1620 NW 82 AVE  
MIAMI FL 33126**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **16-1525218**

Applied For  
Not Applicable

Zip Country

Zip Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SASSO, ROSS  
4877 NW 97 PLACE  
MIAMI FL 33128**

Name **SASSO Ross**  
Street Address (P.O. Box Number is Not Acceptable)  
**18256 SW 26 CT**  
City **MIRAMAR FL** Zip Code **33029**

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 *Ross Sasso* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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 **P** ☐ Delete  
NAME **SASSO, ROSS**  
STREET ADDRESS **4877 NW 97 PLACE**  
CITY-ST-ZIP **MIAMI FL 33128**

TITLE ☒ Change ☐ Addition  
NAME **SASSO Ross**  
STREET ADDRESS **18256 SW 26 CT**  
CITY-ST-ZIP **MIRAMAR FL 33029**

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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: *Ross Sasso*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ross Sasso** 01/03/03 305-468-1945  
Date Daytime Phone #

CR2E034 (10/02)