## 2000 UNIFORM BUSINESS REPORT (UBR)

## Aug 08, 2000 08:00 AM DOCUMENT # P97000059234 1. Entity Name **Secretary of State** PC GLOBAL, INC. Principal Place of Business Mailing Address 4910 E. SIESTA DR. #2 4910 E. SIESTA DR. #2 PHOENIX AZPHOENIX AZ85044 85044 2. Principal Place of Business 3. Mailing Address 10859 E BECKER LANE 10859 E BECKER LANE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For SCOTTSDALE AZ. SCOTTSDALE AZ 65-0766158 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired X 85259 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHLENSKY SHLENSKY ANDREW 7010 SW 63RD AVENUE Street Address (P.O. Box Number is Not Acceptable) 11482 SW 148TH PATH MIAMI 33143 City Zip Code KEŃDALL 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. 08/08/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Detete ☐ Change X Addition NAME FRANCIS JESSE STREET ADDRESS STREET ADDRESS 11482 SW 148TH PATH CITY-ST-ZIP CITY-ST-ZIP KENDALL 33196 TITLE ☐ Delete TITLE X Change ☐ Addition NAME ANDREW NAME SHLENSKY SHLENSKY ANDREW STREET ADDRESS 7010 SW 63RD AVENUE STREET ACCRESS 10859 E BECKER LANE CITY-ST-ZIF MIAMI FL 33143 CITY-ST-718 SCOTTSDALE Δ7. 85259 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

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.

FILED