

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072132

1. Entity Name

EXPERT COMPUTER CORP.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90065 040 \*\*\*550.00

Principal Place of Business	Mailing Address
8211 N W 64TH STREET #8 MIAMI FL 33166 US	8211 N W 64TH STREET #8 MIAMI FL 33166-2752 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	65-0775951	Applied For
		Not Applicable

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

6. Name and Address of Current Registered Agent

MESA, JOSE W  
 10680 WASHINGTON STREET  
 SUITE 108  
 PEMBROKE PINES FL 33025

7. Name and Address of New Registered Agent

Name: Jose W. Mesa  
 Street Address (P.O. Box Number is Not Acceptable): 11616 N.W. 5 Terrace  
 City: Miami FL Zip Code: 33178

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 \_\_\_\_\_ (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, 2000 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	PD
NAME	MESA, JOSE W
STREET ADDRESS	8660 N.W. 5 TERRACE # 106
CITY-ST-ZIP	MIAMI FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD
NAME	Mesa, Jose W.
STREET ADDRESS	11616 N.W. 5 Terrace
CITY-ST-ZIP	Miami, FL. 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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] DATE 04-19-01 DAYTIME PHONE # 305-593-0595

CR2E034 (9/99)