2006 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9800003547 Apr 23, 2000 8:00 am Secretary of State ZIPP COMPUTER, INC. 04-23-2000 90019 005 ***150.00 Principal Place of Business Mailing Address 3132 N.W. 72ND AVENUE 3132 N.W. 72ND AVENUE MIAMI FL 33122-1316 MIAMI FL 33122 3. Mailing Address 2. Principal Place of Business LANE **0**826 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For _-City & State 4. FEI Number City & State 65-0804351~ MIAMI Not Applicable Countr \$8.75 Additional Zip 5. Certificate of Status Desired 33176 LJSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LONGART, HERNAN Street Address (P.O. Box Number is Not Acceptable) 3132 N.W. 72ND AVENUE **MIAMI FL 33122** Zip Code 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 DATE 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 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Change Addition - 🔲 Delete TITLE TITLE NAME NAME LONGART, HERNAN STREET ADDRESS STREET ADDRESS 3132 NW 72ND AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33122 X Addition Change TITLE TITLE ENRIQUE A MARQUEZ NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.