

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000007455

FILED
Jan 23, 2002 8:00 AM
Secretary of State

Entity Name: INSOMNIC COMPUTERS AND CONSULTING, INC.

Current Principal Place of Business:

3058 N.W. 72 AVENUE
MIAMI, FL 33122

New Principal Place of Business:

Current Mailing Address:

3058 N.W. 72 AVENUE
MIAMI, FL 33122

New Mailing Address:

FEI Number: 65-0807188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEON, MIGUEL
2840 SOUTHWEST 114TH AVENUE
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

LEON, MIGUEL
14259 SOUTHWEST 10TH STREET
MIAMI, FL 33184 US

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: MIGUEL LEON

01/23/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: LEON, MIGUEL
Address: 2840 SOUTHWEST 114TH AVENUE
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: LEON, MIGUEL
Address: 14259 SOUTHWEST 10TH STREET
City-St-Zip: MIAMI, FL 33184

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIGUEL LEON

PSD

01/23/2002

Electronic Signature of Signing Officer or Director

Date