

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020854

1. Entity Name

PC MASTER SUPPLY, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90058 012 ***150.00

Principal Place of Business

Mailing Address

7400 W 20 AVE. #208
HIALEAH FL 33016
US

7400 W 20 AVE. #208
HIALEAH FL 33016-1837
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0828430

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDOVAL, LUIS O
7400 W 20 AVE. #208
HIALEAH FL 33016

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | | |
|--|--|---------------------------------|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SANDOVAL, LUIS 7400 WEST 20TH AVENUE APT. #208 HIALEAH FL 33016 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DURAN, ANA 7400 W. 20 AVE. APT. #208 HIALEAH, FL 33016 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SANDOVAL, LUIS 7400 W. 20 AVE. APT. #208 HIALEAH, FL 33016 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
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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:

LUIS SANDOVAL *Luis Sandoval*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/00

Date

(305) 822-7943

Daytime Phone #

CR2E034 1/1/99