

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085939

1. Entity Name

HVA COMPUTERS, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90099 043 ***163.75

Principal Place of Business	Mailing Address
8405 N.W. 8TH STREET SUITE 409 MIAMI FL 33126 US	8405 N.W. 8TH STREET SUITE 409 MIAMI FL 33126-3701 US

2. Principal Place of Business	3. Mailing Address
8405 N.W. 8th Street	8405 N.W. 8 st.
Suite, Apt. #, etc. 409	Suite, Apt. #, etc. 409

City & State Miami-Florida	City & State Miami-FL
Zip 33126 Country Dade	Zip 33126 Country Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0867525	Applied For
	Not Applicable

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VELASQUEZ, HERNANDO 8405 NW 8TH STREET APT 409 MIAMI FL 33126

7. Name and Address of New Registered Agent
Name Hernando Velasquez
Street Address (P.O. Box Number is Not Acceptable) 8405 N.W. 8th Street
Apt 409
City Miami FL Zip Code 33126

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 <i>Hernando Velasquez</i>	Hernando Velasquez	April 27/00
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. <input checked="" type="checkbox"/> (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. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VELASQUEZ, HERNANDO		NAME velasquez Hernando	
STREET ADDRESS 8855 S.W. 21ST TERRACE		STREET ADDRESS 8405 N.W. 8 st #409	
CITY-ST-ZIP MIAMI FL 33165		CITY-ST-ZIP miami FL 33126	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Hernando Velasquez</i>	April 27	305 7339245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #