

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094187

1. Entity Name

ADVENTURE COMPUTERS, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90144 002 \*\*\*150.00

Principal Place of Business

300 BISCAYNE BLVD. WAY  
917  
MIAMI FL 33131

Mailing Address

P.O. BOX 113054  
MIAMI FL 33111-3054

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0873967

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

HEARDEN, ROBERT C  
200 BISCAYNE BLVD. WAY  
APT. 12-C  
MIAMI FL 33131

Name

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

APT. 12-C

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

HEARDEN, Robert C.

Robert C. Hearden

4-12-00

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.  
(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	<input type="checkbox"/> Delete
PTS	HEARDEN, ROBERT C	200 BISCAYNE BLVD. WAY, 12-C	MIAMI FL 33131	<input type="checkbox"/>
	LINS, JOAO T	200 BISCAYNE BLVD. WAY, 12-C	MIAMI FL 33131	<input checked="" type="checkbox"/>
	Peter M. Hearden	1100 Imperial Drive #602	Sarasota, FL 34236-2458	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		200 Biscayne Blvd. WAY, #12-C		<input type="checkbox"/>	<input type="checkbox"/>
		(Deleted)		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Robert C. Hearden

Robert C. Hearden 4/12/00 305/371-0708

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)