

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107235

1. Entity Name

COMPUTERS & POTPOURRI, INC.

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90235 039 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O JOHN H. HULL  
 1925 NE 45 STREET SUITE 235  
 FORT LAUDERDALE FL 33308  
 US

C/O JOHN H. HULL  
 1925 NE 45 STREET SUITE 235  
 FORT LAUDERDALE FL 33308-5130  
 US

2. Principal Place of Business

3. Mailing Address

C/O John H. Hull

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5714 COCO PALM DR

City & State

City & State

TAMARAC, FL

4. FEI Number

65-0882304

Applied For

Not Applicable

Zip

Country

Zip

Country

33319

USA

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

HULL, JOHN H.  
 1925 NE 45 STREET  
 SUITE 235  
 FORT LAUDERDALE FL 33308

Name

John H. Hull

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

5714 COCO PALM DR

City

TAMARAC

FL

Zip Code

33319

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 ☐ Delete  
 NAME D  
 STREET ADDRESS LI, YAN  
 CITY-ST-ZIP 2301 NW 41 AVE #109  
 FORT LAUDERDALE FL 33313

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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: X *YAN LI, Director*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)