

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90204 037 \*\*\*150.00

**DOCUMENT # P99000011514**

1. Entity Name  
**PC SOLUTIONS & SERVICES, INC.**

Principal Place of Business

**925 NW 199 STREET  
 MIAMI FL 33169**

Mailing Address

**925 NW 199 STREET  
 MIAMI FL 33169**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0906093**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**ESTIME, GILBERT  
 17454 SW 79 COURT  
 MIAMI FL 33157**

7. Name and Address of New Registered Agent

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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

TITLE **P** ☐ Delete  
 NAME **CAMERON, MICHAEL**  
 STREET ADDRESS **925 NW 199 STREET**  
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
 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:

*Michael Cameron* / **Michael Cameron/President 9-7-01 305 528-8261**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)



**PC  
Solutions and Services, Inc.**

*Providing Excellence In Computer Services & Products*

925 NW 199<sup>th</sup> Street • Miami, Florida 33169

09-08-01

Attachment  
Doc # P99000011514  
A0085413

Uniform Business Report  
Division of Corporation  
P.O. Box 1500  
Tallahassee, Fl 32302-1500

To whom it may concern:

I honestly do not have or recall receiving the first notice for Uniform Business Report. When I showed my agent the notice that I did receive (thinking all along that this was the first notice) he told me that this was the second notice and that the normal filing fee was \$150.00. This was a very costly oversight on my part, and I am asking for liency in this case to waive any late fee.

Thank you.

*M. Cameron / President*  
Michael Cameron.