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2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 🗻

HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 18, 2002 8:00 am P99000028810 DOCUMENT # **Secretary of State** 1. Entity Name 02-18-2002 90177 044 ***150.00 III MILLENNIUM COMPUTERS, INC. Principal Place of Business Mailing Address 9420 SW 77 AVENUE SUITE 101A 9420 SW 77 AVENUE SUITE 101A MIAMI FL 33156 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0907697 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent UCROS, ZAMARA R Street Address (P.O. Box Number is Not Acceptable) 9420 S.W. 77 AVE., STE. 101-A MIAMI FL 33156 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to/Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition TITLE Delete COLMENARES, JOSE E NAME NAME AVIENDA 4A 16-12 STREET ADDRESS STREET ADDRESS CUCUTA, COLUMBIA CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition UCROS, JUAN D NAME NAME 15705 S.W. 77 AVE. STREET ADDRESS STREFT ADDRESS **MIAMI FL 33157** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Change Addition NAME NAME STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 apolithat 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.

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I. Entity Name	e	P9900 OMPUTERS, INC.	JUU2	20010)I	0/	07		;
Principal Place of Business 9420 SW 77 AVENUE SUITE 101A 9420 SW 77 AVENUE SUITE MIAMI FL 33156 MIAMI FL 33156														
2. Principal Pl	ess	ailing Address			\dashv			 						
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				-		DO NOT V	VRITE IN T	HIS SP.	ACE		
City & State			City & State				4. FI	Ei Number	05 0007	~~~		Ap	plied For	٦
City & State			ony di ondio						65-0907	 		No	t Applicable	
Zip Country			Zip)	ntry	5. C	ertificate of	Status Desire	ed 🗌		8.75 Add e Require			
	6. Name	and Address of Curren	t Register	red Agent			7. N	ame and A	ddress of Ne	w Registe	red Ag	ent		
						Name				•				
UCROS, ZAMARA R 9420 S.W. 77 AVE., STE. 101-A						Street Address	s (P.O. Bo	x Number	is Not Accept	able)				7
MIAMI FL			<u> </u>				ند جيجنجت	حد س	<u> </u>			* ÷	7	
•						City					FL	Zip Cod	e	1
SIGNATURE _ 9. This corpo Tax filing r	Signature, typed o	submits this statement f r printed name of registered agen ble to satisfy its Intangibl nd elects to do so.	nt and title if a	pplicable. (NO	TE: Registere	IS \$150.00	red when rei	nstating) 10. Elect Trust	ion Campaigi Fund Contrib	n Financing		Added	O May Be	
11.		OFFICERS AND	DIRECT	ORS	12.		ADI	DITIONS/C	HANGES TO	OFFICERS	AND D	DIRECTOR	S IN 11	╡,
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete								☐ Change	☐ Addition	1
13. I hereby of indicated	on this repor	e information supplied wi t or supplemental report he receiver or trustee em highment with an address	is true an	o accurate and that re-execute this repo	my signa ri as requ									