

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029550

1. Entity Name
RBC COMPUTERS, INC.

Principal Place of Business
**7730 SW 68 TERRACE
MIAMI FL 33143**

Mailing Address
**7730 SW 68 TERRACE
MIAMI FL 33143**

2. Principal Place of Business
10877 NW 33 ST
Suite, Apt. #, etc.

3. Mailing Address
10877 NW 33 ST
Suite, Apt. #, etc.

City & State
MIAMI FL
Zip
33177

City & State
MIAMI FL
Zip
33177

4. FEI Number **65-0989616**

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

**BALLESTAS AND ASSOCIATES, INC.
7730 SW 68 TERRACE
MIAMI FL 33143**

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 \$150.00
After MAY 1, 2001 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
**DPS
PREPELITCHI, EDUARDO
7730 SW 68 TERRACE
MIAMI FL 33143** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
TAUSHERTCHI, ELIAS
7730 SW 68 TERRACE
MIAMI FL 33143** ☐ Delete

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90015 048 ***150.00

949109



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

04-11-2001 305/592-2611