

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90053 044 ***550.00

DOCUMENT # P99000031679

1. Entity Name
H.S. INTERNATIONAL COMPUTER, INC.

Principal Place of Business

9020 NW 8TH ST. NO 520
 MIAMI FL 33172

Mailing Address

9020 NW 8TH ST. NO 520
 MIAMI FL 33172

2. Principal Place of Business

13210 S.W 17 lane

3. Mailing Address

13210 S.W 17 lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL.

City & State

MIAMI, FL

Zip

33175

Country

Zip

33175

Country

4. FEI Number

65-0909139

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CANOVA, ANA I

9020 NW 8TH ST. NO 520

MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

Leslie A. Byro

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

9191 Fountainbleau Blvd #3

City

MIAMI

FL

Zip Code

33172

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Leslie A. Byro

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

8/20/2002

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 13, 2002 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 **PD** ☒ Delete
 NAME **CANOVA, ANA I**
 STREET ADDRESS **9020 NW 8TH ST. NO 520**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE **SD** ☒ Delete
 NAME **BYRO, LESLIE**
 STREET ADDRESS **9020 NW 8TH ST. NO 520**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE **TD** ☐ Delete
 NAME **BERNAL, GLADYS**
 STREET ADDRESS **9020 NW 8TH ST. NO 520**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☒ Addition
 NAME **Byro Leslie A**
 STREET ADDRESS **9191 Fountainbleau Blvd #3**
 CITY-ST-ZIP **MIAMI, FL 33172**

TITLE **SD** ☐ Change ☒ Addition
 NAME **CANOVA ANA I**
 STREET ADDRESS **13210 SW 17 Lane #6**
 CITY-ST-ZIP **MIAMI, FL 33175**

TITLE **TD** ☒ Change ☐ Addition
 NAME **Bernal Gladys**
 STREET ADDRESS **13210 SW 17 lane #6**
 CITY-ST-ZIP **MIAMI, FL 33175**

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

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/2002

Date

Daytime Phone #

CR2E034 (4/02)