

**2000 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**Jul 07, 2000 8:00 am**  
**Secretary of State**

06-19-2000 90003 018 \*\*\*550.00

<b>DOCUMENT # P99000036452</b>			
1. Entity Name <b>POSSIBILITIES COMPUTER SOLUTIONS, INC.</b>			
Principal Place of Business 3620 SW 18 TERRACE MIAMI FL 33145		Mailing Address 3620 SW 18 TERRACE MIAMI FL 33145-1733	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>GALIGARCIA, MARCO C</b> 3620 SW 18 TERRACE MIAMI FL 33145		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>11. OFFICERS AND DIRECTORS</b>			
TITLE	<b>D</b>	<input type="checkbox"/> Delete	
NAME	<b>GANDARILAS, CARLOS</b>		
STREET ADDRESS	<b>838 WEST 64 STREET</b>		
CITY-ST-ZIP	<b>HIALEAH FL 33012-6413</b>		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	
NAME	<b>COSSIO, JORGE</b>		
STREET ADDRESS	<b>6045 GARFIELD STREET</b>		
CITY-ST-ZIP	<b>HOLLYWOOD FL 33024</b>		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	
NAME	<b>SANTOS, LUIS F</b>		
STREET ADDRESS	<b>2168 SW 15TH STREET</b>		
CITY-ST-ZIP	<b>MIAMI FL 33145</b>		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	
NAME	<b>GALIGARCIA, MARCOS C</b>		
STREET ADDRESS	<b>3620 SW 18 TERRACE</b>		
CITY-ST-ZIP	<b>MIAMI FL 33145</b>		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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.			



DO NOT WRITE IN THIS SPACE

**SIGNATURE:** MARCO C GALIGARCIA 6/8/2000 305-648-0088  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

15-202031 (9/97)