

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90013 007 ***558.75

DOCUMENT # P99000065671

1. Entity Name

VP COMPUTERS CORPORATION

Principal Place of Business

**12760 SW 53 STREET
 MIAMI FL 33175**

Mailing Address

**12760 SW 53 STREET
 MIAMI FL 33175**

2. Principal Place of Business

12760 SW 53 ST

3. Mailing Address

12760 SW 53 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL 33

City & State

MIAMI FL

Zip

33175

Country

USA

Zip

33175

Country

USA

4. FEI Number

65-0938435

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

**LOM, VICENTE
 12760 SW 53 STREET
 MIAMI FL 33175**

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.

(NO

Registered Agent's 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 **PD** ☐ Delete
 NAME **LOM, VICENTE**
 STREET ADDRESS **12760 SW 53 STREET**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE **VSTD** ☐ Delete
 NAME **ARIAS, PATRICIA M**
 STREET ADDRESS **7553 SW 158 CT**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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
 indicated on this report or supplemental report is true and accurate and that
 of the corporation or the receiver or trustee empowered to execute this report
 changed, or on an attachment with an address, with all other like empowered

the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information
 my signature shall have the same legal effect as if made under oath; that I am an officer or director
 as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

Vicente Lom

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)