

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUN 18 PM 3: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000073508** ✓
1. Entity Name
Recycled PC Parts.com, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4159 NW 135TH ST <small>Suite, Apt. #, etc.</small>		3. Mailing Address 4159 NW 135TH ST <small>Suite, Apt. #, etc.</small>	
City & State OPA-LOCKA, FL		City & State OPA-LOCKA, FL	
Zip 33054	Country USA	Zip 33054	Country USA

DO NOT WRITE IN THIS SPACE

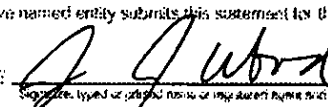
4. FEI Number 05-094-2072	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name James Wood
Street Address (P.O. Box Number is Not Acceptable) 4159 NW 135th St.
City OPA Locka FL Zip Code 33054

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: _____
Signature typed or printed name of the agent herein must be a copy of the signature. (NOTE: Registered Agent signature required when calculating)

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$44.25
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 President	NAME James Wood	STREET ADDRESS 4159 NW 135 ST	CITY - ST - ZIP OPA Locka FL 33054
TITLE Vice President	NAME Victor Garlock	STREET ADDRESS 4159 NW 135	CITY - ST - ZIP OPA Locka FL 33054
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 507, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, when all other info is empowered.

SIGNATURE:  **James J. Wood** Date: **5-29-02** **(305) 688-7727**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E03MB (12/01)