

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083329

1. Entity Name

O.K. INTERNATIONAL COMPUTERS, INC.

**FILED**  
**Sep 15, 2000 8:00 am**  
**Secretary of State**

09-15-2000 90006 002 \*\*\*550.00

Principal Place of Business

4741 NW 72ND AVENUE  
 MIAMI FL 33166

Mailing Address

NEW address  
 4741 NW 72ND AVENUE 6595 NW 36ST  
 MIAMI FL 33166  
 SUITE 107  
 MIAMI FL 33166

2. Principal Place of Business

6595 NW 36ST

3. Mailing Address

SAME

Suite, Apt. #, etc.

107

Suite, Apt. #, etc.

107

City & State  
 MIAMI florida

City & State  
 MIAMI florida

4. FEI Number

65 0968013

Applied For

Not Applicable

Zip  
 33166

Country  
 USA

Zip  
 33166

Country  
 USA

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

CAMPO, ENRIQUE  
 4741 NW 72ND AVENUE  
 MIAMI FL 33166

Name JACQUELINE CAMPO

Street Address (P.O. Box Number is Not Acceptable)  
 6595 NW 36 ST #107

City MIAMI FLA

FL

Zip Code 33166

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

(NOTE: Registered Agent signature required when reinstating)

9/12/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. 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  
 NAME CAMPO, ENRIQUE  
 STREET ADDRESS 4741 NW 72ND AVENUE  
 CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

TITLE VD  
 NAME ARANGO, OLGA  
 STREET ADDRESS 4741 NW 72ND AVENUE  
 CITY-ST-ZIP MIAMI FL 33166 ☒ Delete

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE JACQUELINE CAMPO ☒ Change ☐ Addition  
 NAME VICEPRESIDENT  
 STREET ADDRESS 6595 NW 36ST SUITE #107  
 CITY-ST-ZIP MIAMI - FLA 33166

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

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:

Jacqueline Campo **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/12/00

Date

786 2657800

Daytime Phone #

CR2E034 (5/00)