

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086232

1. Entity Name

MICRONICS COMPUTERS CORP.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90842 007 ***150.00

Principal Place of Business

8437 N.W. 72 STREET
MIAMI FL 33166

Mailing Address

8437 N.W. 72 STREET
MIAMI FL 33166-2397

2. Principal Place of Business

8259 N.W. 66 St.

3. Mailing Address

8259 N.W. 66 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI - Florida

City & State

MIAMI - Florida

4. FEI Number

65-0950671

Applied For

Not Applicable

Zip

33166

Country

U.S.A

Zip

33166

Country

U.S.A

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CESAR SUBIRIA, JULIO
12455 S.W. 93 TERRACE
APT. 407
MIAMI FL 33186

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent 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, 2000 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

TITLE PSTD
NAME ARIAS, IVAN RAUL DAZA
STREET ADDRESS 8437 N.W. 72 STREET
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-16-00

Date

(305) 634-3339

Daytime Phone #

CR2E034 (9/99)