

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100103

1. Entity Name
DEVICE COMPUTERS, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90169 042 ***150.00

0223476

Principal Place of Business
2801 NORTHWEST 74TH AVENUE
SUITE 205
MIAMI FL 33122

Mailing Address
10905 SOUTHWEST 88TH STREET
SUITE 305
MIAMI FL 33176

2. Principal Place of Business
6114 NW 74 AVENUE

3. Mailing Address
9900 SW 88 ST

Suite, Apt. #, etc.
—

Suite, Apt. #, etc.
K 112

City & State
MIAMI - FLORIDA

City & State
MIAMI - FLORIDA

Zip
33166

Zip
33176

Country
EEUU

Country
EEUU



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
INDEPENDENT FAX SERVICE
Street Address (P.O. Box Number is Not Acceptable)
1183 W. 29th Street, 2nd Floor
City
MIAMI FL Zip Code
33012

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
MARCO OLIVERA

DATE
04/29/01

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, 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
VISBAL, ALEJANDRO
2801 NORTHWEST 74TH AVENUE, SUITE 205
MIAMI FL 33122 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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☐ 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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/29/01 (305) 7104503

CR2E034 (10/00)