2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P99000108849 Sep 22, 2000 8:00 am Secretary of State PC SUPPLIES AND ACCESSORIES, INC. 09-22-2000 90005 030 ***155.00 Principal Place of Business Mailing Address 8485 NW 29 STREET 8485 NW 29 STREET MIAMI FL 33122 MIAMI FL 33122 2. Principal Place of Business 3. Mailing Address 8485 NW 29TH Street SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For MIAMI 103 2528 Not Applicable 33122 Zip \$8.75 Additional Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PARKER, CLAYTON E Street Address (P.O. Box Number is Not Acceptable) C/O KIRKPATRICK & LOCKHART LLP 201 SOUTH BISCAYNE BLVD 20TH FLOOR **MIAMI FL 33131** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10, Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min, will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PRESIDENT / SECRETARY Addition ☐ Change TITLE □ Delete TITLE ABEL G. BRIOSO NAME NAME 11965 SW SY TERRACE STREET ADDRESS STREET ADDRESS MIAMI, PLORIDA, 33166 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIPU ☐ Delete TITLE Change ☐ Addition TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 ecciver 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.

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE ATLANTA GA 39901

Ottochment # 19900108849

DATE OF THIS NOTICE: 08-23-2000 BOIOTYS)
NUMBER OF THIS NOTICE: CP 575 A
EMPLOYER IDENTIFICATION NUMBER: 65-1032528
FORM: SS-4
0716933154 B

FOR ASSISTANCE CALL US AT: 1-800-829-1040

PC SUPPLIES AND ACCESSORIES 8485 NW 29TH ST MIAMI FL 33122

OR WRITE TO THE ADDRESS SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 65-1032528. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN as shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

Form 941 10/31/2000 Form 1120 03/15/2001 Form 940 01/31/2001

Please file your Form by the due date shown above. If the due date above has passed and you have not yet filed, please file your Form by 09-07-2000. If we don't receive your form by that date, we will charge additional penalties and interest. We charge penalties and interest from the due date of the return until it is filed.

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the Service. If you want a determination on your tax classification, you may seek a private letter ruling from the Service under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have any questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply. Start your business off right - pay your taxes the easy way. Pay through the Electronic Federal Tax Payment System (EFTPS). For information about EFTPS, call 1-800-829-3676 and request Publication 966, EFTPS Answers to the Most Commonly Asked Questions.

2000 UNIFORM BUSINESS REPORT (UBR) att # 199000108249 DOCUMENT # P99000108849 B0107451 1. Entity Name PC SUPPLIES AND ACCESSORIES, INC. Principal Place of Business Mailing Address 8485 NW 29 STREET 8485 NW 29 STREET MIAMI FL 33122 MIAMI FL 33122 14131 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apr. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FFI Number Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PARKER, CLAYTON E Street Address (P.O. Box Number is Not Acceptable) C/O KIRKPATRICK & LOCKHART LLP 201 SOUTH BISCAYNE BLVD 20TH FLOOR MIAMI FL 33131 Zip Code City 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12, SECIETARY PRESIDENT/ **Addition** TITLE Delete TITI E Abel G. Beloso NAME NAME STREET ADDRESS STREET ADDRESS 33186 FLURIA. CITY-ST-7IP ALIAMI, CUY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST_7P CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-\$1-21P CITY-ST-ZIP Delete Addition [TITLE ☐ Change HILE NAME ALVERESS STREET ADORESS CITY-ST-ZIP 51 - 717 □ Delete TITLE Change Addition NAME ----STREET ADDRESS ·· \$1-71P CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME __ spontss STREET ADDRESS CITY-ST-ZIP

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 of the receiver or trushed 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 advises, with all other like empowered.

CHATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PC Supplies and Accessories, Inc

June 20, 2000

Internal Revenue Service Atlanta, GA

Gentlemen:

In order to complete the Company's State Annual Report, we need to provide the Florida Division of Corporations our Federal Employer Identification Number. Would you please be kind enough to send via fax the FEI as soon as possible. We are trying to avoid payment of late fees.

We have taken the liberty to enclose a copy of the notification received from the Florida Department of Revenue.

Regards,

Abel Brioso President September 18, 2000

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 3314

Ref#: P99000108849

Gentlemen:

On April 27th, 2000, we submitted to you our corporate annual report including a check #5867 for \$150.00 drawn from First Union Bank. On June 5th, 2000, we received your correspondence advising us that the report was not filed because said report has the FEI # missing. We called and even wrote the IRS asking them to provide us with such number, it was until August 23rd that the number was issued and received by us just last week.

We wish you to reconsider your position and allow us to re-submit our annual report with the initial fee of \$150.00 as of the date of the original filing. Please understand that the company did not have the FEI when the annual report was originally submitted and that the delay in doing so was mostly caused by the IRS and our assumption that the filing have had taken place already.

Enclosed find our check #6045 in the amount of \$150.00, the annual report and related correspondence.

Abel Brioso President