

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90035 047 ***150.00

DOCUMENT # S60374

1. Entity Name
ABC COMPUTERS, INC.



Principal Place of Business
**3100 NW 72 AVENUE
SUITE 128
MIAMI FL 33122
US**

Mailing Address
**3100 NW 72 AVENUE
SUITE 128
MIAMI FL 33122
US**

2. Principal Place of Business
1901 N.W 82 avenue

3. Mailing Address
1901 N.W 82 ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33126

Country
U.S.A

Zip
33126

Country
U.S.A



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0268537

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KRAZIEM, SAMIR SAMIR
9421 SW 140 ST
MIAMI FL 33176**

7. Name and Address of New Registered Agent

Name **SAMIR KRAZIEM**
Street Address (P.O. Box Number is Not Acceptable)
9421 S.W 140 ST.
City **MIAMI** FL Zip Code **33176**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☒ Delete
NAME **KRAZIEM, SAMIR S.**
STREET ADDRESS **9421 SW 140TH ST**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **P** ☒ Delete
NAME **KROZIEM, LILLIAN M**
STREET ADDRESS **9421 SW 190TH STREET**
CITY-ST-ZIP **MIAMI FL 33176**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **KRAZIEM SAMIR**
STREET ADDRESS **9421 S.W 140 ST MIAMI FL 33176**
CITY-ST-ZIP

TITLE **Chairman** ☒ Change ☐ Addition
NAME **KRAZIEM Lillian**
STREET ADDRESS **9421 S.W 140 ST MIAMI FL 33176**
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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/15/03** Daytime Phone #

CR2E034 (10/02)