

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90048 049 ***158.75

DOCUMENT # S75912

1. Entity Name
PACIFIC COMPUTER INC.

Principal Place of Business Mailing Address
~~10209 NORTHWEST 56TH STREET~~ ~~10209 NORTHWEST 56TH STREET~~
~~MIAMI FL 33178~~ ~~MIAMI FL 33178~~
US 8013 NW 29TH ST. **US 8013 NW 29TH ST.**
MIAMI FL. 33122 **MIAMI, FL. 33122**

2. Principal Place of Business Suite, Apt. #, etc.
 City & State

3. Mailing Address Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **65-0279812** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
QUISPEZ-ASIN, NESTOR
10209 NORTHWEST 56TH STREET
MIAMI FL 33178

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 _____ (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, 2002 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	<input type="checkbox"/> Delete
NAME	P
STREET ADDRESS	QUISPEZ - ASIN, NESTOR A
CITY-ST-ZIP	10209 NW 56 ST. MIAMI FL
TITLE	<input type="checkbox"/> Delete
NAME	D
STREET ADDRESS	QUISPEZ-ASIN, NESTOR A.
CITY-ST-ZIP	10209 NW 56 ST. MIAMI FL
TITLE	<input type="checkbox"/> Delete
NAME	D
STREET ADDRESS	TAZOE, RICHARDO
CITY-ST-ZIP	10209 NW 56 ST. MIAMI FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8013 NW 29TH ST.
CITY-ST-ZIP	MIAMI FL, 33122
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	- SAME -
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAZOE, RICHARDO
STREET ADDRESS	8013 NW 29 ST.
CITY-ST-ZIP	MIAMI FL. 33122
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **X** **3/11/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #