

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 27, 2001 8:00 am**  
**Secretary of State**

06-07-2001 90005 001 \*\*\*550.00

**DOCUMENT # V38140**

1. Entity Name:

**R.S. COMPUTER SALES, INC.**

Principal Place of Business

Mailing Address

2700 SW 3 AVE  
 #2F  
 MIAMI FL 33129  
 US

2700 SW 3 AVE  
 #2F  
 MIAMI FL 33129  
 US

2. Principal Place of Business

3. Mailing Address

15520 SW 82 Ave  
 Suite, Apt. #, etc.

PO Box 561508  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

City &amp; State

MIAMI FL 33157

MIAMI FL

4. FEI Number

65-0384492

Applied For:

Not Applicable

33157

Country  
USA

33256

Country  
USA5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHELOW, RICHARD D  
 2700 SW 3RD AVE  
 SUITE 2-F  
 MIAMI FL 33134

Name **Richard D. SHELOW**

Street Address (P.O. Box Number is Not Acceptable)

15520 SW 82 AVE

City **Miami**

FL

Zip Code

33157

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 date of application

(NOT)

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!**  
**After MAY 1, 2001**  
**Make Check Payable to Department of State**

**FEE IS \$150.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	SHELOW, RICHARD D	2700 SW 3 AVE STE 2F	MIAMI FL 33129	<input type="checkbox"/>
STD	SHELOW, ANNETTE	2700 SW 3 AVE STE 2F	MIAMI FL 33129	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD	SHELOW, Richard D.	PO Box 561508	Miami FL 33256	<input checked="" type="checkbox"/>
STD	SHELOW, Annette	PO Box 561508	Miami FL 33256	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or 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:

**ANNETTE M. SHELOW**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**ANNETTE M. SHELOW** 6/4/01 (305) 860-8886

CR2E034 (10/00)