2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 17, 2001 8:00 am Secretary of State DOCUMENT # P99000076130 1. Entity Name LET'S COMPUTE, INC. 05-17-2001 91324 011 ***150.00 Principal Place of Business Mailing Address 4815 NORTHWEST 79TH AVENUE 4815 NORTHWEST 79TH AVENUE Canesian 4 SHITE 7 SUITE 7 MIAMI FL 33182 MIAMI FL 33182 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0944973 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Add 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 TITLE **У**. Спалов Addition CR2E034 (10/00) Delete TITLE NAME STASI, ROMANO NAME STREET ADDRESS 4815 NORTHWEST 79TH AVENUE #7 STREET ADDRESS 3750 NW 114th Ave. - Bay 6 CITY-ST-7IP CITY-ST-71P MIAMI FL 33182 Miami, Florida 33178 Change TITLE Addition ☐ Detete TITLE VECCHI, LUIS NAME NAME STREET ADDRESS 4815-NORTHWEST-79TH-AVENUE #7 STREET ADDRESS 3750 NW 114th Ave. - Bay 6 CITY-ST-7IP CITY-ST-7IP MIAMI FL 33182 Miami, Florida 33178 **∠** Change TITLE ☐ Delete TITLE Addition NAME CABRERA, EDWIN MALE. STREET ADDRESS 4816 NORTHWEST 79TH AVENUE #7 STREET ADDRESS 3750 NW 114th Ave. - Bay 6 CITY-ST-ZIP CITY-ST-ZIP MIAMI-FL-33182 Miami, Florida 33178 TITLE ☐ Change Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Delate TIFLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filing does not qualify of 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 mat 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 of truppe employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12. changed, or on an attachment