

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

0096136

DOCUMENT # 342015

1. Entity Name

KAR PRINTING, INC.

04-30-2001 90334 029 ***150.00

Principal Place of Business

Mailing Address

13930 N.W. 60TH AVENUE
 MIAMI LAKES FL 33014

13930 N.W. 60TH AVENUE
 MIAMI LAKES FL 33014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1298858

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVY, SCOTT
13930 NW 60TH AVE
MIAMI LAKES FL 33014

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

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

(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, 2001 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

T
MCCLOSKEY, THOMAS Delete
 STREET ADDRESS
13930 NW 60 AVE
 CITY-ST-ZIP
MIAMI LAKES FL 33014

Change Addition

CPS
LEVY, SIDNEY Delete
 STREET ADDRESS
13930 NW 60TH AVE
 CITY-ST-ZIP
MIAMI LAKES FL

Change Addition

V
LEVY, SCOTT Delete
 STREET ADDRESS
13930 NW 60 AVE
 CITY-ST-ZIP
MIAMI LAKES FL 33014

Change Addition

Delete

Change Addition

Delete

Change Addition

Delete

Change Addition

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:

Thomas McCloskey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EFO

Date

4/20/01

Daytime Phone #

800 448 9372

CR2E034 (10/00)