

FILED  
May 28, 2003 8:00 am  
Secretary of State

05-28-2003 90116 010 \*\*\*150.00

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087608

1. Entity Name  
COPY TECH BUSINESS SOLUTIONS, INC.

Principal Place of Business  
1177 NE 79TH STREET  
MIAMI, FL 33138

Mailing Address  
1177 NE 79TH STREET  
MIAMI, FL 33138

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1044444

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VAZQUEZ, OMAR R  
1061 NE 86 ST  
MIAMI, FL 33138

7. Name and Address of New Registered Agent

Name

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

8459 N. Bayshore Dr  
Miami, FL 33138

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

SIGNATURE

Signature of individual or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning)

05/27/03  
DATE

FILE NOW WITH FEE IS \$150.00  
After May 1, 2003 Fee will be \$500.00  
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          | CD                | <input checked="" type="checkbox"/> Delete |
| NAME           | VAZQUEZ, OMAR R   |                                            |
| STREET ADDRESS | 1061 NE 86 ST     |                                            |
| CITY-ST-ZIP    | MIAMI, FL 33138   |                                            |
| TITLE          | PD                | <input type="checkbox"/> Delete            |
| NAME           | VAZQUEZ, SONIA C  |                                            |
| STREET ADDRESS | 1061 NE 86TH ST   |                                            |
| CITY-ST-ZIP    | MIAMI, FL 33138   |                                            |
| TITLE          | EVP               | <input type="checkbox"/> Delete            |
| NAME           | OMAR, VAZQUEZ     |                                            |
| STREET ADDRESS | 1177 NE 79 STREET |                                            |
| CITY-ST-ZIP    | MIAMI, FL 33138   |                                            |
| TITLE          | VP                | <input type="checkbox"/> Delete            |
| NAME           | KING, PETER       |                                            |
| STREET ADDRESS | 1177 NE 79 STREET |                                            |
| CITY-ST-ZIP    | MIAMI, FL 33138   |                                            |
| TITLE          |                   | <input type="checkbox"/> Delete            |
| NAME           |                   |                                            |
| STREET ADDRESS |                   |                                            |
| CITY-ST-ZIP    |                   |                                            |
| TITLE          |                   | <input type="checkbox"/> Delete            |
| NAME           |                   |                                            |
| STREET ADDRESS |                   |                                            |
| CITY-ST-ZIP    |                   |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                     |                                                                              |
|----------------|---------------------|------------------------------------------------------------------------------|
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |                                                                              |
| STREET ADDRESS |                     |                                                                              |
| CITY-ST-ZIP    |                     |                                                                              |
| TITLE          | CEO, President      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | SONIA C. Vazquez    |                                                                              |
| STREET ADDRESS | 1177 N.E. 79 St     |                                                                              |
| CITY-ST-ZIP    | Miami, FL 33138     |                                                                              |
| TITLE          | EVP                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | OMAR Vazquez        |                                                                              |
| STREET ADDRESS | 1177 N.E. 79 Street |                                                                              |
| CITY-ST-ZIP    | Miami, FL           |                                                                              |
| 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    |                     |                                                                              |

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 another I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/27/03 (205) 754-8181  
Telephone Phone #

CR2034 (10/02)