

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

03-30-2001 90340 004 \*\*\*150.00

**DOCUMENT # P95000041534**

1. Entity Name  
**ARGEN COPIERS, CORP.**

Principal Place of Business <b>10302 N.W. SOUTH RIVER DR.          BAY A-22          MEDLEY FL 33178-1310          US</b>	Mailing Address <b>10302 N.W. SOUTH RIVER DR.          BAY A-22          MEDLEY FL 33178-1310          US</b>
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00029897



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0586247**

Applied For  
 Not Applicable

5. 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

**CARVACHO, EDUARDO A  
 10302 N.W. SOUTH RIVER DR.  
 BAY A-22  
 MEDLEY FL 33178**

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, 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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CARVACHO, EDUARDO A</b>	
STREET ADDRESS	<b>7366 N.W. 5TH STREET</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<del><b>NEGRÍ, ALEJANDRO</b></del>	
STREET ADDRESS	<del><b>10302 N.W. S RIVER DRIVE, A-22</b></del>	
CITY-ST-ZIP	<del><b>MEDLEY FL 33178</b></del>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<del><b>KITAIGORODSKI, HUGO O</b></del>	
STREET ADDRESS	<del><b>10302 N.W. S RIVER DRIVE, A-22</b></del>	
CITY-ST-ZIP	<del><b>MEDLEY FL 33178</b></del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ARIET, JORGE R.</b>	
STREET ADDRESS	<b>10302 NW S River Dr. #A-22</b>	
CITY-ST-ZIP	<b>Medley, FL 33178</b>	
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: Eduardo Carvacho

03.22.01. 305.885.779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)