

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90042 043 \*\*\*158.75

**DOCUMENT # P96000012859**

1. Entity Name

**OFFICE USA FRANCHISE SERVICES, INC.**

|   |  |
|---|--|
| Principal Place of Business<br>6812 N.W. 77 COURT<br>MIAMI FL 33166<br>US | Mailing Address<br>6812 N.W. 77 COURT<br>MIAMI FL 33166-2713<br>US |
|---|--|



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 2. Principal Place of Business<br>6950 NW 77TH CT<br>Suite, Apt. #, etc. | 3. Mailing Address<br>6950 NW 77TH CT<br>Suite, Apt. #, etc. |
|--|--|

|                           |                           |                                     |   |   |
|---------------------------|---------------------------|-------------------------------------|---|---|
| City & State<br>MIAMI, FL | City & State<br>MIAMI, FL | 4. FEI Number<br><b>APPLIED FOR</b> | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/>  |
| Zip<br>33166              | Country                   | Zip<br>33166                        | Country                                 | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |

**6. Name and Address of Current Registered Agent**

**LEYVA, GIRALDO**  
**6950 N.W. 77TH CT.**  
**MIAMI FL 33166**

**7. Name and Address of New Registered Agent**

Name  
**GIRALDO LEYVA JR**

Street Address (P.O. Box Number is Not Acceptable)  
**6950 NW 77TH CT**

City  
**MIAMI** **FL** Zip Code  
**33166**

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, 2000 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVS<br>LEYVA, GIRALDO<br>6812 N.W. 77 CT<br>MIAMI FL <input type="checkbox"/> Delete                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>6950 NW 77TH CT<br>MIAMI, FL 33166 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>LEYVA, AURELLO A<br>6812 N.W. 77 CT.<br>MIAMI FL <input type="checkbox"/> Delete                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>6950 NW 77TH CT<br>MIAMI, FL 33166 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>MIR, HECTOR J<br>2655 LE JEUNE RD, STE 1107<br>CORAL GABLES FL <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/99)