

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000080938**

1. Entity Name
SPECIALTY OFFICE PRODUCTS, CORP.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

2. Principal Place of Business **POST OFFICE BOX 653238**
Suite, Apt. #, etc.

3. Mailing Address **POST OFFICE BOX 653238**
Suite, Apt. #, etc.

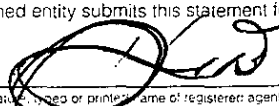
DO NOT WRITE IN THIS SPACE

City & State **MIAMI - FL** City & State **MIAMI - FL** 4. FEI Number **65-0697430** Applied For Not Applicable

Zip **33165** Country Zip **33165** Country 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
Name **RIOS, RAMON A.**
Street Address (P.O. Box Number is Not Acceptable) **15490 SW 47TH STREET**
City **MIAMI** FL Zip Code **33185**

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  DATE **4/7/00**
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 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		PSD RIOS RAMON A. 15490 SW 47TH STREET MIAMI - FL 33185	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		000003213850--5 -04/19/00--01010--008 ****150.00 ****150.00	
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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 another like empowered.

SIGNATURE:  DATE **4/7/00** (305) 551-2885 Daytime Phone #