

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90054 036 ***150.00

DOCUMENT # **P96.000080938**

1. Entity Name

SPECIALTY OFFICE PRODUCTS CORP. ✓

Principal Place of Business

Mailing Address

2. Principal Place of Business

PO BOX 653238

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 653238

Suite, Apt. #, etc.

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

DO NOT WRITE IN THIS SPACE

770565

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

RAMON RIOS

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/01

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 Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
PSD
RAMON A. RIOS
15490 SW 47th STREET
MIAMI, FL 33185

TITLE Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE Delete
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RAMON RIOS **4/30/01** **(305)551-2885**