

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
 05-21-2002 91226 005 ***150.00

DOCUMENT # P00000078848

1. Entity Name
CORPORATE OFFICE SUPPLIES, INC.

Principal Place of Business
 5188 NW 51ST COURT
 COCONUT CREEK FL 33073

Mailing Address
 5188 NW 51ST COURT
 COCONUT CREEK FL 33073



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 10896 NW 66TH COURT

Suite, Apt. #, etc.
 PARKLAND, FL

City & State

3. Mailing Address
 10896 NW 66TH COURT

Suite, Apt. #, etc.
 PARKLAND, FL

City & State

4. FEI Number 65-1035819 **NOT APPLICABLE**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WEISS, DALMIRA L
 5188 NW 51ST COURT
 COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent

Name
 DALMIRA L. WEISS
Street Address (P.O. Box Number is Not Acceptable)
 10896 NW 66TH COURT
City
 PARKLAND, FL **Zip Code**
 FL 33076-3802

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 WEISS, DALMIRA L.

DATE 4/29/02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE P O ☐ Delete
NAME WEISS, DALMIRA L
STREET ADDRESS 10896 NW 66TH COURT
CITY-ST-ZIP PARKLAND FL 33076-3802

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 power like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/29/02 **DAYTIME PHONE #** 954-757-0202

CR2E034 (9/01)