

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 13, 2003 8:00 am**  
**Secretary of State**

08-13-2003 90077 017 \*\*\*150.00

DOCUMENT # F02000004846 ✓  
1. Entity Name  
**GRUPPO DE COPIADORAS, S.A. Inc**  
# F02000004846



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**17038 W. DIXIE HWY.**  
Suite, Apt. #, etc.  
**151**  
City & State  
**N. MIAMI BEACH, FL**  
Zip  
**33160**  
Country  
**U.S. A.**

3. Mailing Address  
**17038 W. DIXIE HWY.**  
Suite, Apt. #, etc.  
**151**  
City & State  
**N. MIAMI BEACH, FL**  
Zip  
**33160**  
Country  
**U.S. A.**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**06-1647545**  
Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S LEVY, BRUCE 1030 NE 177 TER N. MIAMI BEACH, FL 33162</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Bruce F. Levy** 8/18/03 305-742-7490  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

8/8/03

Attachment#

80138284

FO2000004846

To whom it may concern,

I did not receive the first  
Uniform Business Report.

Please wave the \$400.00 late fee.

Enclosed is a check for \$150.00.

Thank you,

Bruce F. Leary

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