

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90043 014 ***158.75

DOCUMENT # 253200

1. Entity Name
DEPENDABLE PRINTING & OFFSET CORP.

Principal Place of Business 1875 WEST 8TH AVE FL 33010	Mailing Address 1875 WEST 8TH AVE HIALEAH FLA 33010-2301
--	--

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
--	--



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-0948602**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
LOPILATO, JILL
11606 SUNFISH WAY
COOPER CITY FL 33026

7. Name and Address of New Registered Agent
 Name
LOPILATO, JILL
 Street Address (P.O. Box Number is Not Acceptable)
8900 NW 34th STREET
 City **COOPER CITY** **FL** Zip Code **33024**

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	
TITLE C	<input type="checkbox"/> Delete
NAME RUBIN, MILTON H	
STREET ADDRESS 1465 LANTANA CT	
CITY-ST-ZIP FT LAUDERDALE FL	
TITLE P	<input type="checkbox"/> Delete
NAME LOPILATO, JILL	
STREET ADDRESS 11606 SUNFISH WAY	
CITY-ST-ZIP COOPER CITY FL	
TITLE ST	<input type="checkbox"/> Delete
NAME RUBIN, RICHARD	
STREET ADDRESS 21509 HALSTEAD DRIVE	
CITY-ST-ZIP BOCA RATON FL 33428	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Rubin, Milton H	
STREET ADDRESS 2713 Pinehurst Dr	
CITY-ST-ZIP Weston FL 33332	
TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Lopilato, Jill	
STREET ADDRESS 8900 NW 34th St	
CITY-ST-ZIP Cooper City FL 33024	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE: **X** *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/19/00** Daytime Phone # **305 8854521**

CR2E034 (9/99)