

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90005 042 \*\*\*150.00

**DOCUMENT # 342015**

1. Entity Name

**KAR PRINTING, INC.**

Principal Place of Business

13930 N.W. 60TH AVENUE  
 MIAMI LAKES FL 33014

Mailing Address

13930 N.W. 60TH AVENUE  
 MIAMI LAKES FL 33014-3127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1298858**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DAVIDSON, MARVIN P-C  
 13930 NW 60TH AVE  
 MIAMI LAKES FL 33014~~

Name Scott Levy

Street Address (P.O. Box Number is Not Acceptable)  
13930 NW 60TH AVE.

City Miami Lakes

**FL**

Zip Code 33014

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 Thomas McCloskey, Chief Financial Officer

(NOTE: Registered Agent signature required when reinstating)

3-14-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME ~~DAVIDSON, MARVIN P~~  
 STREET ADDRESS ~~13930 NW 60 AVE~~  
 CITY-ST-ZIP ~~MIAMI LAKES FL 33014~~

TITLE  Change  Addition  
 NAME T THOMAS MCCLOSKEY  
 STREET ADDRESS 13930 NW 60 AVE  
 CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE  Delete  
 NAME CPS LEVY, SIDNEY  
 STREET ADDRESS 13930 NW 60TH AVE  
 CITY-ST-ZIP MIAMI LAKES FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME Scott Levy  
 STREET ADDRESS 13930 NW 60TH AVE  
 CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-2000

Date

800-445-9372

Daytime Phone #

CR2E034 (9/99)