

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 393713

1. Entity Name

REPLICA PUBLISHING, INC.

FILED

00 MAR -7 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3017 NW 7 STREET
MIAMI FL 33125

Mailing Address

3017 NW 7 STREET
MIAMI FL 33125

2. Principal Place of Business

3017 NW 7 STREET

Suite, Apt. #, etc.

3. Mailing Address

3017 NW 7 STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL 33125

Zip

33125

Country

MIAMI-DADE

City & State

MIAMI FL 33125

Zip

33125

Country

MIAMI-DADE

4. FEI Number

59-1377473

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LESNICK, MAX
3017 NW 7 STREET
MIAMI FL 33125

7. Name and Address of New 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.

SIGNATURE

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

(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	D	<input type="checkbox"/> Delete
NAME	LESNICK, MAX	
STREET ADDRESS	3017 NW 7 STREET	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	V	<input type="checkbox"/> Delete
NAME	LESNICK, MIRIAM	
STREET ADDRESS	3017 NW 7 STREET	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LESNICK, MARIA T.	
STREET ADDRESS	3017 NW 7 STREET	
CITY-ST-ZIP	MIAMI FL 33125	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100003170291--2
STREET ADDRESS	-03/14/00--01135--007
CITY-ST-ZIP	****150.00 ****150.00
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SP
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: X Maria T. Lesnick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/00

Date

(305) 643-5481

Daytime Phone #

CR2E034 (9/99)