

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90042 014 ***158.75

0250616

DOCUMENT # 474166

1. Entity Name

INTERNATIONAL PRINTING AIDS, INC.

Principal Place of Business

Mailing Address

**951 NW 35TH CT.
 FORT LAUDERDALE FL 33309**

**951 NW 35TH CT.
 FORT LAUDERDALE FL 33309**

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 **59-1634306**

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

**ZACHARIN, SAM
 951 NORTHWEST 35TH COURT
 FT. LAUDERDALE FL 33309**

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 _____ DATE _____
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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	ZACHARIN, SAMUEL		
	2055 NE 198TH TERR		
	N MIAMI BEACH FL		
ST	ZACHARIN, SARA		
	2055 NE 198TH TERR		
	N MIAMI BEACH FL		
D	ZACHARIN, EDAN		
	7251 NW 47TH PLACE		
	LAUDERHILL FL		

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: Sara Zacharin **SARA ZACHARIN** 4-10-01 954561-1102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)