

2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 16, 2002 8:00 am Secretary of State

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DOCUMENT # 474166
1. Entity Name
INTERNATIONAL PRINTING AIDS, INC.

Principal Place of Business
951 NW 35TH CT.
FORT LAUDERDALE FL 33309
Mailing Address
951 NW 35TH CT.
FORT LAUDERDALE FL 33309



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

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1634306
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ZACHARIN, SAM
951 NORTHWEST 35TH COURT
FT. LAUDERDALE FL 33309

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 \_\_\_\_\_ 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, 2002 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

Table with 2 columns: OFFICERS AND DIRECTORS. Rows include: PD ZACHARIN, SAMUEL; ST ZACHARIN, SARA; D ZACHARIN, EDAN.

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Rows include: D; PD 21244 Harbor Way #212 Aventura, FL 33180.

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: EDAN ZACHARIN
Date: 4-2-02
Daytime Phone #: 954/561-1102

CR2E034 (9/01)