FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Mar 30, 2001 8:00 am Secretary of State **DOCUMENT # 498334** 1. Entity Name MR. QUICKPRINT, INC. 03-30-2001 90312 042 \*\*\*150.00 Principal Place of Business Mailing Address 4815 N.E. 12TH AVENUE 4815 N.E. 12TH AVENUE OAKLAND PARK FL 33334 OAKLAND PARK FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1653658 Not Applicable Zìp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VECCHIO, JOSEPH A. JR. Street Address (P.O. Box Number is Not Acceptable) 2929 E COMMERCIAL BLVD FT. LAUDERDALE FL 33308 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Addition TITLE ☐ Delete MUSCHETT, PATRICIA F. NAME NAME STREET ADDRESS STREET ADDRESS **1661 NE 56TH COURT** CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete ☐ Addition TITLE Change NAME MUSCHETT, NEVILLE A. STREET ADDRESS STREET ADDRESS 1661 NE 56TH COURT CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete ☐ Addition TITLE. TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY~ST-ZIP 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.