

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 91425 001 ****75.00
 05-15-2000 91425 002 ****75.00

DOCUMENT # **594572**

1. Entity Name
DOUGLAS ENTRANCE PRINTING COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business 800 DOUGLAS ENTRANCE NORTH TOWER, SECOND FLOOR CORAL GABLES FL 33134 US	Mailing Address C/O SPILLIS, CANDELA 800 DOUGLAS ENTRANCE CORAL GABLES FL 33134 US
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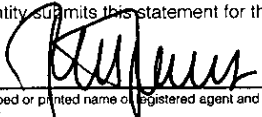
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 59-1866940	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent
**SPILLIS, PETER J.
 800 DOUGLAS ENTRANCE, 2ND FL.
 IO
 CORAL GABLES FL 33134**

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  (NOTE: Registered Agent signature required when reinstating) DATE **MAR. 15, 2000**

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 PD	<input checked="" type="checkbox"/> Delete	TITLE SPILLIS, PETER J	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SPILLIS, PETER J		NAME	
STREET ADDRESS 10700 SNAPPER CREEK ROAD		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SPILLIS, ELECTRA		NAME	
STREET ADDRESS 10700 SNAPPER CREEK ROAD		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		CITY-ST-ZIP	
TITLE VTD	<input type="checkbox"/> Delete	TITLE PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CANDELA, HILARIO F.		NAME Candela, Hilario F.	
STREET ADDRESS 10900 S.W. 53RD AVE.		STREET ADDRESS 10900 SW 53rd Ave...	
CITY-ST-ZIP MIAMI FL		CITY-ST-ZIP Mia, FL.	
TITLE SD	<input type="checkbox"/> Delete	TITLE VSD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CANDELA, EVA. (ASST)		NAME Candela, Eva	
STREET ADDRESS 10900 S.W. 53RD AVE.		STREET ADDRESS 10900 SW 53rd Ave.	
CITY-ST-ZIP MIAMI FL		CITY-ST-ZIP Mia, FL	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:  DATE **4/26/00** DAYTIME PHONE # **305 444-4691**

CR2E034 (9/99)