

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
 05-05-2002 90055 038 ***150.00

0345412 AV

DOCUMENT # H51144

1. Entity Name
TECH-PAPER CORP.

Principal Place of Business TECH PAPER P.O. BOX 451626 SUNRISE FL 33345-1626 US	Mailing Address TECH PAPER P.O. BOX 451626 SUNRISE FL 33345-1626 US
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2. Principal Place of Business 4613 UNIVERSITY DRIVE Suite, Apt. #, etc. # 257 City & State COTAL SPRINGS FLORIDA Zip 33067 Country USA	3. Mailing Address 4613 UNIVERSITY DRIVE Suite, Apt. #, etc. # 257 City & State COTAL SPRINGS FLORIDA Zip 33067 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2594688	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARKIN, JOEL L. 2710 N.W. 105 LANE SUNRISE FL 33322	
7. Name and Address of New Registered Agent Name BARKIN, JOEL L. Street Address (P.O. Box Number is Not Acceptable) 4613 UNIVERSITY DRIVE # 257 City COTAL SPRINGS FL Zip Code 33067	

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 **Joel L. BARKIN President** DATE **4-17-02**

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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARKIN, J.L. 2710 N.W. 105TH LANE SUNRISE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD BARKIN, J.L. 4613 UNIVERSITY DRIVE, #257 COTAL SPRINGS, FL 33067
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: **Joel L. BARKIN President** DATE **4-17-02** Daytime Phone # **954-796-7771**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)