

2001 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # H51433

1. Entity Name

CAPITAL OFFICE PRODUCTS, INC.

Principal Place of Business

54 Miracle Mile
Coral Gables
Fl. 33134-5404

Mailing Address

54 Miracle Mile
Coral Gables
Fl. 33134-5404

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

59-2952143

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VARAS, ETHEL

Name

54 Miracle Mile
Coral Gables, Fl. 33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 15 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VARAS, ETHEL
54 Miracle Mile
Coral Gables, Fl. 33134

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300004523893-5
-09/14/01-01027-001
*****26.25 *****26.25

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPTS
VARAS, WILLIAM S.
54 Miracle Mile
Coral Gables, Fl. 33134

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300004523893-5
-08/08/01-01033-010
*****35.00 *****35.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 attached press, with all other persons empowered.

SIGNATURE

William S. Varas
WILLIAM S. VARAS

Pres

08-27-01

305-442-4221

OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)