

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**  
 04-17-2001 90152 032 \*\*\*150.00

023701

**DOCUMENT # K38632**

1. Entity Name  
**COPIER PRODUCTS INC.**

Principal Place of Business      Mailing Address  
 13279 SW 124TH ST      13279 SW 124TH ST  
 MIAMI FL 33186      MIAMI FL 33186

**00038019**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**13279 SW 124th ST.**      **13279 SW 124th St.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State      4. FEI Number      Applied For  
**Miami Florida**      **Miami, Florida**      **65-0076418**      Not Applicable  
 Zip      Country      Zip      Country      5. Certificate of Status Desired            **\$8.75 Additional Fee Required**  
**33186**      **USA**      **33186**      **USA.**

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
**ACUNA, MARTIN EMITIO**      Name      **ACUNA, MARTIN EMILIO**  
**13256 SW 110 TERRACE #3**      Street Address (P.O. Box Number is Not Acceptable)  
**MIAMI FL 33186**      **15108 SW 140th Court**  
 City      **Miami**      FL      Zip Code      **33186**

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 *Sandra Acuna*      DATE 04-12-01  
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.       **FILE NOW!!! FEE IS \$150.00**  
 After MAY 1, 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	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACUNA, MARTIN EMILIO		NAME		
STREET ADDRESS	13256 SW 110 TERR-3		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACUNA, MARTIN JR		NAME		
STREET ADDRESS	13256 SW 110 TERR-3		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACUNA, MARTIN EMILIO Jr.		NAME		
STREET ADDRESS	15108 SW 140th COURT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL. 33186		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACUNA, MARTIN EMILIO SR.		NAME		
STREET ADDRESS	14670 SW 150th STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL. 33186		CITY-ST-ZIP		
TITLE	office manager	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACUNA, SANDRA		NAME		
STREET ADDRESS	15108 SW 140th court		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL. 33186		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: *Sandra Acuna*      Date 04-12-01      Daytime Phone # (305) 252-9380  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)