

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90102 035 ***150.00

DOCUMENT # K87210

1. Entity Name
SPEED PRINT TWO, INC.

Principal Place of Business

**801 BRICKELL AVE
 ONE BRICKELL SQUARE
 MIAMI FL 33131
 US**

Mailing Address

**801 BRICKELL AVE
 ONE BRICKELL SQUARE
 MIAMI FL 33131
 US**

2. Principal Place of Business

799 BRICKELL Plaza
 Suite, Apt. #, etc.
103

3. Mailing Address

799 BRICKELL Plaza
 Suite, Apt. #, etc.
103

City & State

Miami FL

City & State

Miami FL

Zip

33131

Country

US

Zip

33131

Country

US

4. FEI Number

65-0136774

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BRU, GUILLERMO
 ONE BISCAYNE TOWER
 SUITE 2682
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Bruce Fertel**
 Street Address (P.O. Box Number is Not Acceptable)
799 Brickell Plaza
103
 City **MIAMI FL** Zip Code **33131**

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)

1/17/01
 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 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P BRU, GUILLERMO	ONE BISCAYNE TWR, LOBBY	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/01 (305) 371-7272
 Date Daytime Phone #

CR2E034 (10/00)