

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90004 036 ****50.00

0055904

DOCUMENT # L01000007867

1. Entity Name

COPY FIX USA L.L.C.



Principal Place of Business

**12555 ORANGE DR
SUITE 267
DAVIE FL 33317**

Mailing Address

**12555 ORANGE DR
SUITE 267
DAVIE FL 33317**

2. Principal Place of Business

1255 ORANGE DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DAVIE FL

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**GUERNICA, EDWARDS A
8180 NW 36TH ST
SUITE 230
MIAMI FL 33166**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
LOZADA, LUIS E
12555 ORANGE DR, SUITE 267
DAVIE FL 33317**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
NARANJO, DILIA
12555 ORANGE DR, SUITE 267
DAVIE FL 33317**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

X

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

X

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**X MGR
ROMELIA LOZADA
12555 ORANGE DR SUITE 267
DAVIE FL 33317**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

X

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-01-03

Date

954-8050712

Daytime Phone #

CR2E083 (10/02)