

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L40119

1. Entity Name

ACHIEVER SHREDDERS AND OFFICE PRODUCTS COMPANY,

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90227 001 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

Principal Place of Business  
6073 NW 167 STR  
STE C-5  
MIAMI FL 33015  
US

Mailing Address  
6073 NW 167 STR  
STE C-5  
MIAMI FL 33015-4314  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0699747**  
Applied For  
Not Applicable

Zip Country

Zip Country

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

LEGAL INFORMATION SERVICES INC.  
1290 WESTON ROAD  
SUITE 300  
WESTON FL 33326

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.

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 1, 2000 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	P	<input type="checkbox"/> Delete
NAME	MOSS, DAVID	
STREET ADDRESS	2700 SUNSET DR SUNSET ISLAND #2	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MONTELONGO, SYLVIA	
STREET ADDRESS	2700 SUNSET DR SUNSET ISLAND #2	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	V	<input type="checkbox"/> Delete
NAME	CONNORS, ROBERT M	
STREET ADDRESS	4700 PIERCE STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Robert M. Connors APR 12, 2000 825-4500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1034 (9/99)