

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L40819**

1. Entity Name

PRINT-PUB, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90025 026 ***150.00

Principal Place of Business

Mailing Address

**3000 NE 30TH PLACE
STE 306
FT LAUDERDALE FL 33306
US**

**3000 NE 30TH PLACE STE 306
FT LAUDERDALE FL 33306
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0190096

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

**SOFRO, ELI
3000 NE 30TH PLACE STE 306
FT LAUDERDALE FL 33306**

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 **DPST** ☐ Delete
NAME **SOFRO, ELI**
STREET ADDRESS **3000 N.E. 30TH PLACE, SUITE 306**
CITY-ST-ZIP **FT. LAUDERDALE FL 33306**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **ELI SOFRO**
STREET ADDRESS **3000 NE 30th PLACE SUITE 306**
CITY-ST-ZIP **FT. LAUDERDALE, FLA 33306**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELI SOFRO

Date

4/5/00

Daytime Phone #

(954) 565-6004

CF2E034 (9/99)