## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # L67874** Apr 24, 2000 8:00 am Secretary of State THE PRINT STOP, INC. 04-24-2000 90158 008 \*\*\*150.00 Principal Place of Business Mailing Address 机油罐 命頭 化两 % LOUDDES OUTLERREZ LOUIS CONTRACT 1871 W. 73RD PLACE 1871 W. 73RD PLACE HIALEAH FL 33014-3729 HIALEAH FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FFI Number 65-0317919 Not Applicable Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name OBERTO A. GULLERREZ **GUTIERREZ, LOURDES** Street Address (P.O. Box Number is Not Acceptable) 1871 W. 73RD PLACE HIALEAH FL 33014 Zip Code 33014 City WIALEAW 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 (NOTE: Registered Agent signature required when reinstating) of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees X (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ROBERTO A. GUTIERREZ Change TITLE ☑ Delete PRESIDENT / SECRETARY 1871 W TORD PLACE NAME **GUTIERREZ. LOURDES** STREET ADDRESS STREET ADDRESS 1871 W. 73RD PLACE 33014 CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL Change ☐ Addition Delete TITLE TITLE NAME **GUTIERREZ, LOURDES** NAME STREET ADDRESS STREET ADDRESS 1871 W. 73RD PLACE CITY-ST-7IP CITY-ST-ZIP HIALEAH FL Delete TITI F ☐ Change Addition TITLE NAME **GUTIERREZ, ROBERT** NAME STREET ADDRESS 1871 W. 73RD PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL ☐ Change Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR