

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M02000001977

FILED
Apr 29, 2003
Secretary of State

Entity Name: 1800INKJETS LLC

Current Principal Place of Business:

110 EAST BROWARD BLVD., 17TH FLOOR
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

1485 N. PARK DR.
WESTON, FL 33327

Current Mailing Address:

110 EAST BROWARD BLVD., 17TH FLOOR
FORT LAUDERDALE, FL 33301

New Mailing Address:

1485 N. PARK DR.
WESTON, FL 33327

FEI Number: 02-0582120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHERWIN P. SIMMONS, P.A.
200 SOUTH BISCAYNE BLVD., SUITE 4000
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: CHHABRA, VINCENT K
Address: 1455 N. PARK. DR.
City-St-Zip: WESTON, FL 33327

Title: MGRM () Change (X) Addition
Name: FARUQUI, SABINA K
Address: 1455 N. PARK DR.
City-St-Zip: WESTON, FL 33327

Title: MGRM () Change (X) Addition
Name: CHHABRA, NARESCH
Address: 1455 N. PARK DR.
City-St-Zip: WESTON, FL 33327

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SABINA FARUQUI

MGRM

04/29/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date