

# 2000 UNIFORM BUSINESS REPORT (UBR)

①

DOCUMENT # M24485

1. Entity Name  
PRINT-A-MATICS, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -6 PM 3:53

200003482132--0  
-12/01/00--01002--008  
\*\*\*\*150.00 \*\*\*\*150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
4225 E 4th Ave  
Hialeah, FL 33013

Mailing Address  
4225 E 4th Ave  
Hialeah, FL 33013

2. Principal Place of Business  
2131 West 60th St  
Suite, Apt. #, etc.

3. Mailing Address  
2131 West 60th St  
Suite, Apt. #, etc.

City & State  
HIALEAH, FL

City & State  
HIALEAH, FL

Zip Country  
33016-2602 Dade

Zip Country  
33016-2602 Dade

4. FEI Number  
59 2616606

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Alberto Cabrera  
14735 SW 68th Terr  
Miami, FL

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.

SIGNATURE \_\_\_\_\_ (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	DP	ALBERTO CABRERA	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14735 SW 68 Terr	NAME		
STREET ADDRESS		Miami, FL	STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			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)(l), 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/00 305 557-8181  
Date Daytime Phone #

CR2E034 (9/99)

(2)

November 1, 2000

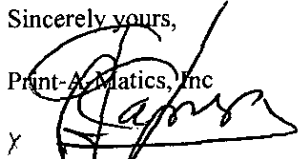
UNIFORM BUSINESS REPORT  
DIVISION OF CORPORATIONS  
P O BOX 1500  
TALLAHASSEE, FL 32302-1500

RE: PRINT-A-MATICS, INC.  
DOCUMENT # M24485

I have just found out, that the filing fees for above corporation were not paid at the time they were supposed to and in checking my files noticed that we never received the filing report, probably due to our change of address. may I please request your waiving the filing fee penalty and accept our check for \$150.00 included, rest assured it will not happen again.

Sincerely yours,

Print-A-Matics, Inc

X   
Alberto Cabrera, President.