

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M24553

1. Entity Name

COMMUNIPRINT CORP.

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90208 014 ***150.00

Principal Place of Business

12000 SW 114 PL
MIAMI FL 33176
US

Mailing Address

12000 SW 114 PL
MIAMI FL 33176
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2690356

Applied For

Not Applicable

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

TOMPKINS, VALERIE
11601 BISCAYNE BLVD.
STE. 301
MIAMI FL 33155

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, 2001 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 PTV
NAME TARVES, VINCENT J ☐ Delete
STREET ADDRESS 18775 S.W. 238TH STREET
CITY-ST-ZIP HOMESTEAD FL 33031

TITLE PTV
NAME Tarves, Vincent J ☒ Change ☐ Addition
STREET ADDRESS 19815 SW 87th Ct
CITY-ST-ZIP Miami, FL 33157

TITLE COBS
NAME HAMMOND, JOSEPH A ☐ Delete
STREET ADDRESS 264 OJIBWAY TRAIL
CITY-ST-ZIP MEDFORD LAKES NJ

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/2001

305-378-8480

Date

Daytime Phone #

CR2E034 (10/00)