

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Oct 02, 2002 8:00 am
Secretary of State

10-02-2002 90119 040 ***558.75

DOCUMENT # *M 24553*

1. Entity Name

Communiprint Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12000 SW 114 Place

3. Mailing Address

12000 SW 114 Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI

City & State

MIAMI FL

4. FEI Number

592690356

Applied For

Not Applicable

Zip

33176

Country

USA

Zip

33176

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Joseph A Hammond

Street Address (P.O. Box Number is Not Acceptable)

12000 SW 114th Place

City

Miami

FL

Zip Code

33176

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

Joseph A Hammond CEO

(NOTE: Registered Agent signature required when re-electing)

9-30-02

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*PTV
Vincent J Tarves Jr.
19815 SW 87th Court
Miami FL 33157*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*COBS
Joseph A Hammond
5975 SW 59th Street
Miami FL 33176*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with an other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph A Hammond CEO

9-30-02 305-378-8480

Date

Daytime Phone #

CR2E034B (12/01)