2003-FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

Principal Place of Business

2. Principal Place of Business

7754 N.W. 71ST STREET

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

MIAMI FL 33166

P00000007086

Mailing Address

MIAMI FL 33166

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

7754 N.W. 71ST STREET

1. Entity Name COPIER BROKER SOLUTION CORPORATION

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.



FILED May 01, 2003 8:00 am **Secretary of State**

05-01-2003 90789 048 ***150.00

611026303

☐ CHECK HERE II	- MAKII	NG CHANGES			
4. FEI Number CE 0000E40		Applied For			
65-0980519		Not Applicable			
5. Certificate of Status Desired		\$8.75 Additional Fee Required			
7. Name and Address of New Re	gistere	d Agent			
	. =-,				
					

ROJAS, MARCELO L 7754 N.W. 71ST STREET **MIAMI FL 33166**

Street Address (P.O. Box Number is Not Acceptable)			
City	FI	Zip Code	

9. Election Campaign Financing

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. I am familiar with, and accept the obligations of registered agent.

Country

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

\$5.00 May Be Added to Fees

	k Payable to Florida Department of State			Trust Fund Contrib	ution.	Added to Fees	·
10.	OFFICERS AND DIRECTORS	3	11.	ADDITIONS/CHANGES TO	OFFICERS AND DIREC	CTORS IN 11	\neg
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ROJAS, MARCELO L 870 N.W. 87TH AVE., #404 MIAMI FL 33172	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Ch	ange 🗌 Addi	ition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEDINA, FRANCIE E 7754 NW 71 STREET MIAMI FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Ch	ange 🗀 Addi	ition
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12. 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 eath; that I am an efficer 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 10 or Block 11 if

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

Daytime Phone #