

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90452 012 ***150.00

DOCUMENT # P00000030578

1. Entity Name
PAPER PERFECT, INC.



Principal Place of Business
**401 BISCAYNE BLVD.
MIAMI FL 33132**

Mailing Address
**401 BISCAYNE BLVD.
MIAMI FL 33132**

2. Principal Place of Business

3. Mailing Address
10826 SW 89 Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami FL

Zip

Country

Zip

Country

33176

4. FEI Number **65-0994555**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SHOMAR, JOSEPH
5190 NW 167 ST #113
MIAMI FL 33014**

7. Name and Address of New Registered Agent

Name **Masch @ Company**
Street Address (P.O. Box Number is Not Acceptable)
5669 S. University DRIVE
City **DAVIE** FL Zip Code **33328**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **P ABDEL SHAHID, SAMI SAAD** ☒ Delete
STREET ADDRESS **6890 SW 88 STREET #B404**
CITY-ST-ZIP **MIAMI FL 33156**

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

TITLE
NAME **P YOUSEFF, SAMY** ☐ Delete
STREET ADDRESS **10826 SW 39 LANE**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE
NAME
STREET ADDRESS **10826 SW 89 Lane** ☒ Change ☐ Addition
CITY-ST-ZIP **Miami FL 33176**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-03 305 546 3373

Date

Daytime Phone #

CR2E034 (10/02)