

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90073 038 ***150.00

859662



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000035561			
1. Entity Name BASIC BINDERY, INC.			
Principal Place of Business 601 PINE DRIVE SUITE 201 POMPANO BEACH FL 33060		Mailing Address 601 PINE DRIVE SUITE 201 POMPANO BEACH FL 33060	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
DESPACHANTE BRASILEIRO 3961 N. FEDERAL HWY POMPANO BEACH FL 33064			
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. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	NAME	Delete	
STREET ADDRESS	601 PINE DRIVE		
CITY-ST-ZIP	POMPANO BEACH FL 33060		
TITLE	NAME	Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	Delete	
STREET ADDRESS			
CITY-ST-ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	Change Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	Change Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	Change Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	Change Addition	
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			

04-28-02

Date

Daytime Phone #

CR2E034 (9/01)