2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000042593

1. Entity Name

DOCUPRINT CORPORATION

DOCUMENT #



FILED Apr 18, 2003 8:00 am \$ Secretary of State .

04-18-2003 90130 032 ***158.75

						Con .	113						
Principal Place of Business 2121 PONCE DE LEON BLVD. #240 CORAL GABLES FL 33134			Mailing Address 2121 PONCE DE LEON BLVD. #240 CORAL GABLES FL 33134										
2. Principal I	Place of Busin	ness	3. Mailing Address					- 1984) 114 (1984) 114 (1984) 114 (1984) 116 (1984) 116 (1984) 116 (1984) 116 (1984) 116 (1984) 117 (1984) 117					
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
City & State			City & State					65-1007630				oplied For ot Applicable	
Zip Country			Zip C			Country			ertificate of Status Desired		75 Add	ditional	1
	6. Name	and Address of Current	Reaistere	d Agent	<u> </u>			7. Na	ame and Address of New Registere	ed Agen	_		1
						Name							1
PRATS, GABRIEL						,							
		ON BLVD. #240	l			Street Address (P.O. Box Number is Not Acceptable)							1
										-			
CORAL G	iables fl (33134											
						City			· · · · · · · · · · · · · · · · · · ·	L	Zip Code	e	7
		<u></u>							<u> </u>				╛
		-	the purp	ose of changing its	registere	ed office or	registere	ed ager	nt, or both, in the State of Florida. Ta	ım famili	iar with,	and accept	
the obliga	tions of regist	ered agent.											1
SIGNATURE													
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if app	icable. (NOTI	E: Registered	d Agent signat	ure required	when rein	stating) DAT	E			
	II E NOW!	!! FEE IS \$150.00											1
		03 Fee will be \$550.00							9. Election Campaign Financing	_	\$5.0	0 May Be	
		o Florida Department of	State						Trust Fund Contribution.		Added	to Fees	
10.		OFFICERS AND			11.			A D D	NITIONS/CHANGES TO OFFICERS A	NO DID	CCTOR	C IN1 11	4
	PD	OF TICERS AND	DINLCTO						THONS/CHANGES TO OFFICEING A		_		1
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NAME	MENOYO,				NAME		MEN	oyo	, RICARDO				
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NAME		LEONARDO			NAME	•	J						
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NAME	LOZANO,	CECILIA		_	NAME								
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NAME	MAESTU, I	LUCIANO			NAME			O m t v	THOTANA				
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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 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 RECUURTS MAEST SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305)717-4901

Daytime Phone #