

2001¹ UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000092600

1. Entity Name

CHEEPO'S COPY & PRINT CENTER, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90143 005 ***150.00

Principal Place of Business

2801 BISCAYNE BLVD.
MIAMI FL 33137

Mailing Address

2801 BISCAYNE BLVD.
MIAMI FL 33137

2. Principal Place of Business

2801 BISCAYNE BLVD

3. Mailing Address

2801 BISCAYNE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0929459

Applied For

Not Applicable

Zip

33137

Country

USA

Zip

33137

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CALLELA, JAMES
2801 BISCAYNE BLVD.
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name JAMES CALLELA

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

2801 BISCAYNE BLVD

City MIAMI FL

FL

Zip Code 33137

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 JAMES CALLELA

4/23/01

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

(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.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	PD	<input type="checkbox"/> Delete
NAME	CALLELA, JAMES	
STREET ADDRESS	2801 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	CALLELA, ELIZABETH	
STREET ADDRESS	2801 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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

Date

Daytime Phone #

JAMES CALLELA 4/23/01 (305)5767350

CR2E034 (10/00)