

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000099572

1. Entity Name

SHERIDAN BUSINESS PRODUCTS CORP.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90107 008 ***150.00

Principal Place of Business

Mailing Address

3716 NE 168th ST, STE 304
N MIAMI BEACH, FL 33160

same

2. Principal Place of Business

16546 NE 26TH AVENUE

Suite, Apt. #, etc.

5-J

3. Mailing Address

16546 NE 26TH AVENUE

Suite, Apt. #, etc.

5-J

City & State

NORTH MIAMI BEACH, FL

City & State

NORTH MIAMI BEACH

Zip

33160

Country

USA

Zip

33160

Country

USA

4. FEI Number

65-0956346

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NATIONSCORP REGISTERED AGENTS, INC.
526 E PARK AVE
TALLAHASSEE, FL 32301

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

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

(If FEI Registered Agent signature required when translating)

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, 2000 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	D	☐ Delete
NAME	VICTOR FERNANDEZ FRUCTUOSO	
STREET ADDRESS	MIJARES A SANTA CAPILLA ED	
CITY-STATE-ZIP	INSBANCA #50	
TITLE	CARACAS, VENEZUELA	☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034 (9/99)