

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90322 048 ***550.00

DOCUMENT # P00000103317

1. Entity Name

COPIER PARTS AND SUPPLIES, INC.



Principal Place of Business

**5530 NW 72ND AVENUE
 MIAMI FL 33166**

Mailing Address

**5530 NW 72ND AVENUE
 MIAMI FL 33166**

2. Principal Place of Business

2861 Corporate way

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

City & State

MIRAMAR, FL

4. FEI Number

65-1056710

Applied For

Not Applicable

Zip

Country

33025

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JIVEH, CYRUS

**5530 NW 72ND AVENUE
 MIAMI FL 33166**

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. 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

7/17/02

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD JIVEH, CYRUS**
 STREET ADDRESS **5530 NW 72ND AVENUE**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☒ Change ☐ Addition
 NAME **Jiveh, Cyrus**
 STREET ADDRESS **2861 Corporate way**
 CITY-ST-ZIP **MIRAMAR, FL 33025**

TITLE ☐ Delete
 NAME **VD HASSAN, HAMID**
 STREET ADDRESS **5530 NW 72ND AVENUE**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☒ Change ☐ Addition
 NAME **Hassan, Hamid**
 STREET ADDRESS **2861 Corporate way**
 CITY-ST-ZIP **MIRAMAR, FL 33025**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/17/02

(954) 364-1060

CR2E034 (4/02)