

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000104444

1. Entity Name
COPYDRIVE, INC.

Principal Place of Business
18459 PINES BOULEVARD
SUITE #194
PEMBROKE PINES FL 33029

Mailing Address
18459 PINES BOULEVARD
SUITE #194
PEMBROKE PINES FL 33029

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number

65-1057373

Applied For

Not Applicable

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

BRICHAUX-SOUZA, DINA L
17924 S W 20TH STREET
MIRAMAR FL 33029

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 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 \$550.00
After September 12, 2001 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 NAME ☐ Delete
PD BRICHAUX-SOUSA, DINA L
STREET ADDRESS 18459 PINES BOULEVARD, SUITE #194
CITY-ST-ZIP PEMBROKE PINES FL 33029

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

TITLE NAME ☒ Delete
VD CORDEIRO, FELIPE
STREET ADDRESS 17934 S W 20TH STREET
CITY-ST-ZIP MIRAMAR FL 33029

TITLE NAME ☒ Change ☐ Addition
NAME WANDHER CASSADINI SOUZA
STREET ADDRESS 17924 SW 20 STREET
CITY-ST-ZIP MIRAMAR, FL 33029

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ 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:

Dina Brichaux DINA BRICHAUX

Date

8/01/01

Daytime Phone #

(954) 432 7076

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90058 023 ***550.00

A0084427



DO NOT WRITE IN THIS SPACE

AV 9869200

CR2E034 (5/01)