

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000105714

1. Entity Name

Printer Supplies "R" US INC

FILED

02 DEC 19 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1620 NW 82 AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

MIAMI

FL

Suite, Apt. #, etc.

City & State

City & State

Zip

33126

Country

Zip

Country

4. FEI Number

65-1153635

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Sasso Ross

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

18256 SW 26 CT

City

Miramar

FL

Zip Code 33029

DO NOT WRITE
IN THIS SPACE

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

Ross Sasso

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)



January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP

Sec
ROZARIO SASSO
18256 SW 26 CT
MIRAMAR FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
Ross Sasso
18256 SW 26 Ct
Miramar, Fl. 33029

TITLE
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STREET ADDRESS
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000009602030
12/19/02--01086--006 **150.00

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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 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 #

12/16/02

CR2E034B (12/01)

1620 N.W. 82ND. AVENUE
MIAMI, FLORIDA
33126-USA
TEL: 305-468-1445/ FAX: 305-468-1465

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Facsimile Transmittal

To: _____ ATTN: _____
From: _____ Date: _____
RE: _____ Pages: _____
CC: _____

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Dear Sirs
this is to notify you that
we have never received the necessary
forms to file out for our renewal
of our Cert. papers. Please find
enclosed our cheque to do so
now
Sincerely
Renee

CONFIDENTIAL