

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**  
 05-24-2002 91276 003 \*\*\*150.00

**DOCUMENT # P01000006115**

1. Entity Name

**COPYLITE PRINTER GROUP, INC.**

Principal Place of Business

**4061 S.W. 47TH AVENUE  
 FORT LAUDERDALE FL 33314**

Mailing Address

**4061 S.W. 47TH AVENUE  
 FORT LAUDERDALE FL 33314**

2. Principal Place of Business

3. Mailing Address

**4140 SW 30<sup>th</sup> AVE**

**4140 SW 30<sup>th</sup> AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 100**

**SUITE 100**

City & State

City & State

**HOLLYWOOD, FL**

**HOLLYWOOD FL**

Zip

Country

Zip

Country

**33312**

**USA**

**33312**

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-1076310**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GARCIA-LINARES, MANUEL A  
 201 S. BISCAYNE BOULEVARD  
 MIAMI CEBTER, 10TH FLOOR  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

**MAUREEN RICCIARDI**

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

**6988 NW 111<sup>th</sup> TERRACE**

City

**PARKLAND**

FL

Zip Code

**33076**

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

*M. Ricciardi*

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

(NOTE: Registered Agent signature required when reinstating)

**4/29/02**

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, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>YECKES, MITCH</b>	
STREET ADDRESS	<b>4061 S.W. 47TH AVENUE</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33314</b>	
TITLE	<b>EXEC. VICE-PRESIDENT</b>	<input type="checkbox"/> Delete
NAME	<b>MAUREEN RICCIARDI</b>	
STREET ADDRESS	<b>4140 SW 30<sup>th</sup> AVE - SUITE 100</b>	
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33312</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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:

*M. Ricciardi*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/29/02 (954) 587-8750**