2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000059959

1. Entity Name

COPYMASTERS OF NORTH MIAMI BEACH, INC.



FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90044 036 ***150.00

						COO WE 18						
Principal Place of Business 1110 NE 163RD STREET 1110 NE 163R N. MIAMI BEACH FL 33162 Mailing Address 1110 NE 163R N. MIAMI BEACH FL 33162 N. MIAMI BEACH FL 33162								(1881/1881 IX BRION IN IV ABILL &		8 18 18 18 18 18 18 18	11 8 311 0 3 6 31 1601	
2. Principal I	Place of Busin	ness	3. Ma	ailing Address		* n**						
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State				4. FEI Number 65-1127140 Applied For Not Applicable				
Zip Country					ту	5.	5. Certificate of Status Desired S8.75 Additional Fee Required			dditional		
	6. Name	and Address of Cur	rent Register	ed Agent	*		7.	Name and Address of New F	enistered (
-						Name		THE RESIDENCE OF THE ST	iogistereu ,	tgern		
RUSS, BARBARA												
17541 NE	7TH COUR			Street Address (P.0			O. Box Number is Not Acceptable)					
N. MIAMI BEACH FL 33162					-	City			7:0.1			
						•			FL	Zip Cod		
8. The above the obligate SIGNATURE	10110 to 1091510	submits this stateme ered agent.	int for the purp	oose of changing its	s registered	d office or regis	stered a	gent, or both, in the State of Flo	orida. I am f	amiliar with,	, and accept	
	Signature, typed o	or printed name of registered a	gent and title if app	olicable. (NOT	E: Registered	Agent signature requ	uired when	reinstating)	DATE	0		
Afte	r May 1, 200	FEE IS \$150.00 3 Fee will be \$550	.00	-		· · · · · · · · · · · · · · · · · · ·		9. Election Campaign Fir		\$5.0	00 May Be	
Make Check	Payable to	Florida Departmen	nt of State					Trust Fund Contribution	ъ. 🗆	Adde	d to Fees	
10.		OFFICERS A	ND DIRECTO	IRS	11,		ΔΙ		ICEDS AND	DIDECTOR	10.15.44	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 🗠

BENDERS GYLLES UIBATBATA J. RUSS

1/15/03

3059408973

Daytime Phone #