

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0273933 AV

DOCUMENT # P02000055011

1. Entity Name  
PRINTANET USA, INC.



FILED

03 MAY -2 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100018671741

05/09/03--01045--012 \*\*158.75



Principal Place of Business  
2600 ISLAND BOULEVARD #501  
N. MIAMI BEACH FL 33160

Mailing Address  
2600 ISLAND BOULEVARD #501  
N. MIAMI BEACH FL 33160

2. Principal Place of Business  
103 Valencia Blvd.  
Suite, Apt. #, etc.

3. Mailing Address  
2300 Coral Way  
Suite, Apt. #, etc.

City & State  
Jupiter, FL

City & State  
Miami, FL

Zip Country  
33458

Zip Country  
33145

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

LEHMAN, RICHARD S  
2600 N. MILITARY TRAIL  
SUITE #270  
BOCA RATON FL 33431

## 7. Name and Address of New Registered Agent

Name  
FLORIDA ANNUAL REPORT SERVICE INC.  
Street Address (P.O. Box Number is Not Acceptable)  
2300 CORAL WAY, SUITE 200  
City MIAMI FL Zip Code 33145

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

AMADA CANTERA LOPEZ, President

4-30-03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

|  |                                 |
|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 in person by me, or if made by a 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-03

CR2E034 (10/02)