FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91147 040 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000085573

1. Entity Name
SELECTPLUS IMAGING SUPPLIES, INC.

90126961

Principal Place of Business	Mailing Address
100 SE 7TH ST 6 DEERFIELD BEACH, FL 33441	100 SE 7TH ST 6 DEERFIELD BEACH, FL 33441

2. Principal Place of Business	3. Mailing Address
2169 NW 22nd St.	2169 NW 22nd St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Beach, Fl	City & State: Pompano Beach, Fl
Zip: 33069 Country: U.S.A	Zip: 33069 Country: U.S.A

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 76-0709365 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COELHO, NUNES HELDER
100 SE 7TH ST
6
DEERFIELD BEACH, FL 33441

7. Name and Address of New Registered Agent

Name: Helder Coelho nunes
Street Address (P.O. Box Number is Not Acceptable): 2169 NW 22nd St.
City: Pompano Beach FL Zip Code: 33069

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, typed or printed name of registered agent and title if applicable. (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	P ☐ Change ☐ Addition
NAME	COELHO, NUNES HELDER	NAME	Helder Coelho nunes
STREET ADDRESS	100 SE 7TH ST #6	STREET ADDRESS	2169 NW 22nd St
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	CITY-ST-ZIP	Pompano Beach, Fl 33069
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: Helder Coelho nunes — 4/30/03 — 954-9734344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #