

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90154 002 \*\*\*150.00

**DOCUMENT # P93000031307**

1. Entity Name

**CUSTOM COPY AND PRINTING, INC.**

Principal Place of Business

**2272 NW 87 AVE  
 MIAMI FL 33172  
 US**

Mailing Address

**2272 NW 87 AVE  
 MIAMI FL 33172  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip - - - - - Court

6. Name and Address

**QUADRENY, JORGE A  
 13243 SW 87 TERR  
 MIAMI FL 33183**

8. The above named entity submit

SIGNATURE Signature, typed or printed

9. This corporation is eligible to s

Tax filing requirement and elec  
 (See criteria on back)

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P QUADRENY, JORGE A 8200 S.W. 48 ST. MIAMI FL 33155</b>	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/02 305-470-2229**  
 Date Daytime Phone #

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0405468** Applied For ☐ Not Applicable ☐

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

7. Name and Address of New Registered Agent

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

**FL** Zip Code

Registered agent, or both, in the State of Florida.

(required when reinstating)

DATE

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

CR2E034 (9/01)