

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91343 010 ***150.00

DOCUMENT # P94000092400

1. Entity Name
UNIPRESS SYSTEMS, INC.

Principal Place of Business

**915 MIDDLE RIVER DRIVE
SUITE 103D
FT. LAUDERDALE FL 33304
US**

Mailing Address

**915 MIDDLE RIVER DRIVE
SUITE 103D
FT. LAUDERDALE FL 33304
US**

2. Principal Place of Business

3411 NW 9th Ave.

3. Mailing Address

3411 NW 9th Ave.

Suite, Apt. #, etc.

Suite 708

Suite, Apt. #, etc.

Suite 708

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33309

Country

USA

Zip

33309

Country

USA

6. Name and Address of Current Registered Agent

**VERLANGIERI, ERNANI
1401 NE 60TH STREET
FT LAUDERDALE FL 33334**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

ERNANI VERLANGIERI

2/23/01

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, 2001 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 **PD** ☐ Delete
NAME **VERLANGIERI, ERNANI J**
STREET ADDRESS **1401 NE 60TH STREET**
CITY-ST-ZIP **FT LAUDERDALE FL 33334**

TITLE **STD** ☐ Delete
NAME **VERLANGIERI, GISELE N**
STREET ADDRESS **1401 NE 60TH STREET**
CITY-ST-ZIP **FT LAUDERDALE FL 33334**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

ERNANI VERLANGIERI

Date

2/23/01

Daytime Phone #

954 567 1182, 261

CR2E034 (10/00)