

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90034 024 ***550.00

DOCUMENT # P95000034583

1. Entity Name
BEST COPY SERVICE, INC.

Principal Place of Business
**4815 N.W. 5TH CT.
 PLANTATION FL 33317**

Mailing Address
**4815 N.W. 5TH CT.
 PLANTATION FL 33317**

2. Principal Place of Business
11681 SW 142 Place
 Suite, Apt. #, etc.

3. Mailing Address
P O Box 441094
 Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

4. FEI Number
65-0581283

Applied For
 Not Applicable

Zip
33186

Country
DADA

Zip
33144-1094

Country
DADA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ACOSTA, MIRIAM
 11681 SW 142 PL
 MIAMI FL 33186**

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

(NOTE: Registered Agent signature required when reinstating)

9/8/00
 Date

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
P
 NAME **ACOSTA, MIRIAM**
 STREET ADDRESS **11681 SW 142 PL**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 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: *Miriam Acosta*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/00 Date
(305) 387-6130 Daytime Phone #



DO NOT WRITE IN THIS SPACE

C.B. 1 0912 1 001