

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000041534

1. Entity Name

ARGEN COPIERS, CORP.

FILED

Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90340 004 ***150.00

Principal Place of Business

10302 N.W. SOUTH RIVER DR.
BAY A-22
MEDLEY FL 33178-1310
US

Mailing Address

10302 N.W. SOUTH RIVER DR.
BAY A-22
MEDLEY FL 33178-1310
US

00029897



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0586247

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CARVACHO, EDUARDO A
10302 N.W. SOUTH RIVER DR.
BAY A-22
MEDLEY FL 33178

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS CARVACHO, EDUARDO A
CITY-ST-ZIP 7366 N.W. 5TH STREET
PLANTATION FL 33317

TITLE ☒ Delete
NAME D
STREET ADDRESS ~~NEORI, ALEJANDRO~~
CITY-ST-ZIP ~~10302 N.W. S RIVER DRIVE, A-22~~
~~MEDLEY FL 33178~~

TITLE ☒ Delete
NAME D
STREET ADDRESS ~~KITAIGORODSKI, HUGO O~~
CITY-ST-ZIP ~~10302 N.W. S RIVER DRIVE, A-22~~
~~MEDLEY FL 33178~~

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

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS ARIET, JORGE R.
CITY-ST-ZIP 10302 NW S River Dr. #A-22
Medley, FL 33178

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

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

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

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: Eduardo Carvacho

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03.22.01. 305.885.7773

CR2E034 (10/00)