

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90051 038 \*\*\*150.00

DOCUMENT # P95000041534

1. Entity Name

ARGEN COPIERS, CORP.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

8105 NW 17 Manor

3. Mailing Address

8105 NW 17 Manor

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Plantation, Florida

City & State

Plantation, Florida

4. FEI Number

65-0586247

Applied For

Not Applicable

Zip

33322

Country

U.S.A.

Zip

33322

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name

Eduardo Carvacho

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

8105 NW 17 Manor

City

Plantation

FL

Zip Code  
33322

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

Eduardo Carvacho

4-19-02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/D Eduardo Carvacho 8105 NW 17 Manor Plantation, FL 33322	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eduardo Carvacho

4-19-02

Date

Daytime Phone #

CR2E034B (12/01)