

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90051 005 ***150.00

DOCUMENT # P95000049603

1. Entity Name
BEST DIGITAL REPROGRAPHICS, INC.

Principal Place of Business 9750 NW 25 ST MIAMI FL 33172	Mailing Address 9750 NW 25 ST #4 MIAMI FL 33172-2201
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 9730 NW 25 Street Suite, Apt. #, etc.
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City & State Miami, FL 33172	4. FEI Number 65-0592382	Applied For <input type="checkbox"/> Not Applicable
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Zip Country	Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
VEGA, AL
7353 N.W. 8TH STREET
#J
MIAMI FL 33126

7. Name and Address of New Registered Agent
 Name
Vega, Al
 Street Address (P.O. Box Number is Not Acceptable)
9730 NW 25 Street
 City
Miami **FL** Zip Code
33172

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  (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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D VEGA, AL 7353 N.W. 8TH ST. #J MIAMI FL 33126 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIELDSTONE, RONALD R 200 S. BISCAYNE BLVD. #2100 MIAMI FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 EITHER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **12/7/00** Daytime Phone #: **305 266-7024**