2000 UNIFORM BUSINESS REPORT (UBR)

Apr 14, 2000 8:00 am Secretary of State DOCUMENT # **P96000006333** NEW HORIZON PRINTING SERVICES INC. 04-14-2000 90017 049 ***150.00 Principal Place of Business Mailing Address 4291-GASTON FOSTER ROAD-4201-GASTON FOSTER ROAD ORLANDO FL 32806-3901 ORLANDO FL 32807 2. Principal Place of Business 3. Mailing Address <u>1319 Sligh Blvd.</u> <u>1319 Sligh Byld.</u> Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3483561 Not Applicable Orlando,FL Orlando.F Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Orange 32806 Orange 32806 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BORRERO, MARIA Street Address (P.O. Box Number is Not Acceptable) 429-I GASTON FOSTER ROAD ORLANDO FL 32807 801 Huntington Pl. 32803 Orlando. 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITI F ☐ Delete TITLE **BORRERO, MARIA** NAME 4291 GASTON FOSTER ROAD STREET ADDRESS STREET ADDRESS 801 Huntigton Pl CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32807 Orlando,Fl 32803 ☐ Change ☐ Addition ☐ Delete TITLE TITLE BORRERO, ELISEO NAME NAME STREET ADDRESS 429-I GASTON FOSTER ROAD STREET ADDRESS 801 Huntington Pl. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32807 Orlando, FL_32803 · [Change ☐ Addition ☐ Delētē TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE

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

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

2-10-00 - (402) 540-0770
Date Daytime Phone #