

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000012859

1. Entity Name

OFFICE USA FRANCHISE SERVICES, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90042 043 ***158.75

Principal Place of Business

Mailing Address

6812 N.W. 77 COURT
MIAMI FL 33166
US

6812 N.W. 77 COURT
MIAMI FL 33166-2713
US

2. Principal Place of Business

3. Mailing Address

6950 NW 77TH CT
Suite, Apt. #, etc.

6950 NW 77TH CT
Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33166

33166

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEYVA, GIRALDO
6950 N.W. 77TH CT.
MIAMI FL 33166

Name

GIRALDO LEYVA JR

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

6950 NW 77TH CT

City

MIAMI

FL

Zip Code

33166

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
LEYVA, GIRALDO
6812 N.W. 77 CT
MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6950 NW 77TH CT
MIAMI, FL 33166 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
LEYVA, AURELLO A
6812 N.W. 77 CT
MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6950 NW 77TH CT
MIAMI, FL 33166 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
MIR, HECTOR J
2655 LE JEUNE RD, STE 1107
CORAL GABLES FL ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)