2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 18, 2000 8:00 am Secretary of State DOCUMENT # **P96000021727** UNIVERSITY COPY CENTER, INC. 04-18-2000 90161 028 ***150.00 Mailing Address Principal Place of Business 7560 S.W. 135TH STREET FIU UNIVERSITY PARK MIAMI FL 33156-6854 **GRAHAM CENTER 164** MIAMI FL 33199 U\$ 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0696659 Not Applicable Country \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent... 6. Name and Address of Current Registered Agent Name BIER, JOSEPH JR. Street Address (P.O. Box Number is Not Acceptable) 7560 S.W. 135TH STREET MIAMI FL 33156-6854 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so 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. TITI F ☐ Addition ☐ Delete BIER, JAMES NAME NAME 194465W103C+#D 15031 SW 156 TERR STREET ADDRESS STREET ADDRESS Miami, FL CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition Change CEOV ☐ Delete TITLE TITLE BIER, JOSEPH JR NAME NAME STREET ADDRESS STREET ADDRESS 7560 SW 135 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition TITLE TITLE ☐ Delete¹ ERVIN, JOANNA B NAME NAME STREET ADDRESS STREET ADDRESS 10420 SW 199 ST CITY-ST-7IP CITY-ST-ZIP MIAMI FL ■ Addition ☐ Change ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Addition