

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90044 041 ***150.00

DOCUMENT # P96000051040

1. Entity Name
BEC COPYCOM, INC.

Principal Place of Business 3340 GRIFFIN ROAD FORT LAUDERDALE FL 33312	Mailing Address 3340 GRIFFIN ROAD FORT LAUDERDALE FL 33312-5519
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2. Principal Place of Business 2601 SW 130 TERR Suite, Apt. #, etc.	3. Mailing Address 2601 SW TERR Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State DAVIE FL	City & State DAVIE FL
Zip 33330	Country BROWARD
Zip 33330	Country BROWARD

4. FEI Number 65-0677829	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
TRAGER, S. GEORGE P.A.
333-41 STREET
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent
 Name: **SHEPHERD FRIEDMAN**
 Street Address (P.O. Box Number is Not Acceptable):
2601 SW 130 TERR
 City: **DAVIE FL** Zip Code: **33330**

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: *Shepherd A. Friedman*
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDMAN, SHEPHERD 3340 GRIFFIN ROAD FORT LAUDERDALE FL 33312 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURSO, FRANK 3340 GRIFFIN ROAD FORT LAUDERDALE FL 33312 <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 2601 SW 130 TERR DAVIE FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1300 N.W. 105 RUE Plantation FL 33322
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: *Shepherd A. Friedman* Date: **4/26/00** Daytime Phone #: **954/423-9255**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C.F. 31.014 19/99