

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P96000062372 (3)

1. Corporation Name
U-COPY, INC.



Principal Place of Business 12148 ST ANDREWS PLC 105 MIRAMAR FL 33025	Mailing Address 12148 ST ANDREWS PLC 105 MIRAMAR FL 33025
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1996

A. FEI Number

65-0683039

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business 21 6187 N.W. 167 Street Suite, Apt. #, etc. 22 H-32 City & State 23 MIAMI LAKES, FLA. Zip 24 33015	2a. Mailing Address 26 6187 NW 167 Street Suite, Apt. #, etc. 27 H-32 City & State 28 MIAMI LAKES, FLA. Zip 29 33015	Country 25 USA 30 USA
--	---	-----------------------------

9. Name and Address of Current Registered Agent


VELASQUES, ANNA
12148 ST ANDREWS PLC
105
MIRAMAR FL 33025

10. Name and Address of New Registered Agent

81 Name	DINA BRICHAUX
82 Street Address (P.O. Box Number is Not Acceptable)	12124 ST. ANDREWS PL #111
83	MIRAMAR,
84 City	MIRAMAR
85 Zip Code	FL 33025

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

 DINA BRICHAUX

4/13/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	VELASQUES, ANNA
STREET ADDRESS	19873 N.W. 65 CT.
CITY-ST-ZIP	MIRAMAR FL 33015
TITLE	<input type="checkbox"/> DELETE
NAME	SOUZA, JOSE
STREET ADDRESS	12148 ST ANDREWS PLC
CITY-ST-ZIP	MIRAMAR FL 33025
TITLE	<input type="checkbox"/> DELETE
NAME	BRICHAUX, DINA
STREET ADDRESS	12148 ST ANDREWS PLC. 105
CITY-ST-ZIP	MIRAMAR FL 33025
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Velasques, Anna
1.3 STREET ADDRESS	3172 S.W. 23th Ave
1.4 CITY-ST-ZIP	Miami, FLA. 33145
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOSE SOUZA
2.3 STREET ADDRESS	12124 ST. ANDREWS PL #111
2.4 CITY-ST-ZIP	MIRAMAR, FL. 33025
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DINA BRICHAUX
3.3 STREET ADDRESS	12124 ST. ANDREWS PL #111
3.4 CITY-ST-ZIP	MIRAMAR, FL. 33025
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



4/10/98 (305) 820-1948

CR2E034 (10/97)