

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90322 014 ***150.00

DOCUMENT # P96000093807 (1)

1. Entity Name

PDQ LEGAL COPY SERVICE, INC.

635430

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1776 N. PINE ISLAND RD Mailing Address 1776 N. PINE ISLAND RD

Suite, Apt. #, etc. SUITE 216

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DO NOT WRITE IN THIS SPACE

City & State PLANTATION, FL

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4. FEI Number 22-3467981

Applied For
Not Applicable

Zip 33322 Country USA

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5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SONYA SALKIN, ESQ.

Street Address (P.O. Box Number is Not Acceptable) MALNIE & SALKIN, PA.

1776 N. PINE ISLAND RD #216

City PLANTATION, FL Zip Code 33322

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 date 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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 D LIEBERMAN, KAREN B.
STREET ADDRESS SITE 216 1776 N. PINE ISLAND RD
CITY-ST-ZIP PLANTATION, FL 33322

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME D LIEBERMAN, GARY
STREET ADDRESS SITE 216 1776 N. PINE ISLAND RD
CITY-ST-ZIP PLANTATION, FL 33322

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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Karen B Lieberman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAREN B LIEBERMAN

1/28/02

954-474-6785

Date Daytime Phone #

CR2E034B (12/01)