

**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.

DO NOT WRITE IN THIS SPACE

635430

2. Principal Place of Business

1776 N. PINE ISLAND RD

3. Mailing Address

1776 N. PINE ISLAND RD

Suite, Apt. #, etc.

SUITE 216

Suite, Apt. #, etc.

SUITE 216

City & State

PLANTATION, FL

City & State

PLANTATION, FL

4. FEI Number

22-3467981

Applied For

Not Applicable

Zip

33322

Country

USA

Zip

33322

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

SONYA SALKIN, ESQ.

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

MAURIE & SALKIN, PA.

1776 N. PINE ISLAND RD #216

City

PLANTATION

FL

Zip Code

33322

**DO NOT WRITE
IN THIS SPACE**

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
STREET ADDRESS
CITY - ST - ZIP
**D
LIEBERMAN, KAREN B.
STE 216 1776 N. PINE ISLAND RD
PLANTATION, FL 33322**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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

KAREN B LIEBERMAN

1/28/02 954474-6785

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)