

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000096696

1. Entity Name

BRICKELL COPY PRODUCTS, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90067 005 ***158.75

Principal Place of Business

Mailing Address

~~3695 STEWART AVENUE~~

~~3695 STEWART AVENUE~~

~~MIAMI-FL 33133~~

~~MIAMI-FL 33133-6896~~

550 Brickell Avenue
Suite 200, Miami, FL 33133

2. Principal Place of Business

3. Mailing Address

550 Brickell Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

Miami, FL

Zip

33131

Country

USA

Zip

Country

4. FEI Number

65-0783376

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORT, BERNARDO

3695 STEWART AVENUE

MIAMI-FL 33133

3315 Devon Ct.
Coconut Grove, FL
33133

Name

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

City

FL

Zip Code

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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS SPEAR, LAURINDA
CITY-ST-ZIP 3695 STEWART AVENUE 3315 Devon Ct.
MIAMI-FL 33133 Coconut Grove, FL 33133

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS FORT, BERNARDO
CITY-ST-ZIP 3695 STEWART AVENUE 3315 Devon Ct. 33133
MIAMI-FL 33133 Coconut Grove, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-29-00

Date

Daytime Phone #

CR2E034 (9/99)