

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90011 028 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000055507																										
1. Entity Name PRINTER SOLUTIONS, INC.																										
Principal Place of Business 13709 SW 149TH CIR LN #4 MIAMI FL 33186		Mailing Address 13709 SW 149TH CIR LN #4 MIAMI FL 33186																								
2. Principal Place of Business 11420 Interchange Circle North Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																								
City & State Miramar, FL		City & State Same																								
Zip 33025	Country USA	Zip	Country																							
6. Name and Address of Current Registered Agent MARIN, KARINA 13709 SW 149TH CIR LN #4 MIAMI FL 33186		7. Name and Address of New Registered Agent Name: Romero, Karina Street Address (P.O. Box Number is Not Acceptable): 11420 Interchange Cir N City: Miramar FL Zip Code: 33025																								
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. <div style="display: flex; justify-content: space-between;"> <div>SIGNATURE: <u>K. Romero / Karina Romero</u> <small>Signature, typed or printed name of registered agent and title, if applicable.</small> </div> <div>4/26/02 <small>DATE</small> </div> </div>																										
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State																								
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																								
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: K. Romero / Karina Romero 4/26/02 (954) 538-1661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)