

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100460

1. Entity Name

DIGIPRINT OF MIAMI, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90073 043 ***150.00

Principal Place of Business

Mailing Address

720 NW 27 AVE
SUITE 104
FL 33125

720 NW 27 AVE
SUITE 104
MIAMI FL 33125-3013

2. Principal Place of Business

3. Mailing Address

1200 NW 78 AV

1200 NW 78 AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

103

103

City & State

City & State

MIAMI FL

MIAMI FL

Zip

33126

Country

USA

Zip

33126

Country

USA

4. FEI Number

65-0802980

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

LEY, L
720 NW 27 AVE
STE 104
MIAMI FL 33125

Name

LEONEL LEY

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

1200 NW 78 AV

STE 103

City

MIAMI

FL

Zip Code

33126

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)

2/29/00

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 D
NAME LEY, LEONEL
STREET ADDRESS 720 NW 27 AVE, 104
CITY-ST-ZIP MIAMI FL 33125 ☐ Delete

TITLE PRESIDENT
NAME LEONEL LEY
STREET ADDRESS 1200 NW 78 AV #103
CITY-ST-ZIP MIAMI FL 33126 ☒ Change ☐ Addition

TITLE D
NAME LEY, RAUL
STREET ADDRESS 720 NW 27 AVE, 104
CITY-ST-ZIP MIAMI FL 33125 ☐ Delete

TITLE V.P.
NAME RAUL LEY
STREET ADDRESS 1200 NW 78 AV #103
CITY-ST-ZIP MIAMI FL 33126 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/00

Date

305-593-7075

Daytime Phone #

CR2E034 (9/99)