

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042408

1. Entity Name

KOPY MACHINES, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90407 011 \*\*\*158.75

Principal Place of Business

Mailing Address

4050 OCEAN DRIVE  
SUITE 503  
LAUDERDALE BY THE SEA FL 33308

4050 OCEAN DRIVE  
SUITE 503  
LAUDERDALE BY THE SEA FL 33308-5959

2. Principal Place of Business

3. Mailing Address

10650 S.W. 27th St.  
Suite, Apt. #, etc.

10650 S.W. 27th St.  
Suite, Apt. #, etc.

City & State  
Davie, F

City & State  
Davie, Florida

Zip

Country

33328

U.S.A.

33328

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0834811

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

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311-4132

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KRZYNOWEK, JAN  
4050 OCEAN DRIVE SUITE 503  
LAUDERDALE BY THE SEA FL 33308

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KRZYNOWEK, JAN  
10650 S.W. 27th St.  
Davie, Florida, 33328

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 an other like empowered.

SIGNATURE:

*Signature of Jan Krzynowek*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 20/00* (954) 444-3099  
Date Daytime Phone #

CR2E034 (9/99)