

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042408

1. Entity Name

KOPY MACHINES, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90023 002 ***158.75

000044



DO NOT WRITE IN THIS SPACE

Principal Place of Business 10650 SW 27TH ST DAVIE FL 33328 US	Mailing Address 10650 SW 27TH ST DAVIE FL 33328 US
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2. Principal Place of Business 1751 N.W. 112 Ave, Suite, Apt. #, etc.	3. Mailing Address 1751 N.W. 112 Ave, Suite, Apt. #, etc.
City & State Plantation, Florida	City & State Plantation, Florida
Zip 33323	Country U.S.A.

4. FEI Number 65-0834811	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 April 24/01 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRZYNOWEK, JAN 10650 SW 27TH ST. DAVIE FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: April 24/01 Date Daytime Phone #

CR2E034 (10/00)