## **FILED** Apr 16, 2002 8:00 am Secretary of State 04-16-2002 90051 002 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** P98000051624

1. Entity Name

SOUTH FLORIDA BINDERY, INC.

| Principal Place of Business Mailing Address  |  |                                       |                    |                                |                                       |   |   |                  |                 |  |
|--|--|---------------------------------------|--------------------|--------------------------------|---------------------------------------|---|---|------------------|-----------------|--|
| 6701 N.W. 15TH WAY   |  | 6701 N.W. 15TH WAY                    |                    |                                |                                       |   |   |                  |                 |  |
| FT LAUDERDA  | LE FL 33309  | FT LAUDERDALE FL 33309                | j                  |                                |                                       |   | andi salai sii                              | EL 11818 BILLS   | HAN GEGE LABE   |  |
|  |  |                                       |                    |                                |                                       |   |   |                  |                 |  |
| 2. Principal Place of Business   |  | 3. Mailing Address                    |                    |                                |                                       |   | <b>8 9</b> 181 <b>5 8 18</b> 1 <b>6</b> 111 | JI ELDAN MARIN I | ISBEL DEDE LOOT |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                   |                    |                                |                                       | DO NOT WRITE  | IN THIS SP                                  | ACE              |                 |  |
| Suite, Apt. #, etc.  |  | Julie, Apr. #, 610.                   |                    |                                |                                       |   |   |                  |                 |  |
| City & State   |  | City & State                          |                    |                                | 4. FEI                                | FEI Number 65-0843680 Applied For Not Applicate                       |   |                  |                 |  |
| Zip  | Country  | Zip                                   | Country            |                                | <b>5.</b> Ce                          | rtificate of Status Desired   |   | 8.75 Add         |                 |  |
|  | 6. Name and Address of Current F                       | legistered Agent                      | <u> </u>           |                                | 7. Na                                 | me and Address of New Re  |   |                  |                 |  |
| Company of the Compan |  |                                       | - Na               | Name *                         |                                       |   |   |                  |                 |  |
| VECCHIO,   |  | Street Addres                         |                    | reet Address (P.               | s (P.O. Box Number is Not Acceptable) |   |   |                  |                 |  |
|  | OMMERCIAL BLVD   |                                       |                    |                                |                                       |   |   |                  |                 |  |
| FT LAUDE   | ERDALE FL 33308  |                                       |                    |                                |                                       |   |   | Tip Cod          |                 |  |
|  | ,  |                                       | Cit                | ty<br>                         |                                       |   | FL  | Zip Code         | e-              |  |
| 8. The above   | named entity submits this statement for                | the purpose of changing its           | registered off     | fice or registered             | d agen                                | t, or both, in the State of Flori                                     | da.   |                  |                 |  |
|  |  |                                       |                    |                                |                                       |   |   |                  |                 |  |
| SIGNATURE  | Signature, typed or printed name of registered agent a | nd title if applicable. (NOTE         | : Registered Agen  | t signature required wh        | hen reins                             | stating)  | DATÉ  |                  |                 |  |
| 9 This corp.   | oration is eligible to satisfy its Intangible          | FILE NOW!                             | !! FEE IS \$       | 150.00                         | T.                                    |   |   |                  |                 |  |
| Tax filling requirement and elects to do so.   |  | After May 1, 2002 Fee will be \$550.0 |                    | be \$550.00                    |                                       | <ol><li>Election Campaign Fina<br/>Trust Fund Contribution.</li></ol> |   |                  | May Be to Fees  |  |
| (See criteria on back)   |  | Make Check Payable to De              |                    | tment of State                 | - 1                                   | TIONS IONANIOSO TO OSSIG  | SEDO AND E                                  | NOCOTOR          | CINIA           |  |
| 11.  | OFFICERS AND I   | DIRECTORS Delete                      | 12.                | <u> </u>                       | ADD                                   | TIONS/CHANGES TO OFFIC  |   | Change           | Addition        |  |
| TITLE<br>NAME  | P<br>  PAGANO, RAYMOND                                 | L Delete                              | NAME               |                                |                                       |   | ,   | onlango          |                 |  |
| STREET ADDRESS   | 6701 N.W. 15TH WAY                                     |                                       | STREET ADD         | 1                              |                                       |   |   |                  |                 |  |
| CITY-ST-ZIP  | FT LAUDERDALE FL 33309                                 |                                       | CITY-ST-ZI         | P                              |                                       |   |   |                  |                 |  |
| TITLE  |  | ☐ Delete                              | TITLE              |                                |                                       |   | į   | ☐ Change         | ☐ Addition      |  |
| NAME<br>STREET ADDRESS   |  |                                       | NAME<br>STREET ADD | DRESS                          |                                       |   |   |                  |                 |  |
| CITY-ST-ZIP  |  |                                       | CITY-ST-ZI         | I                              |                                       |   |   |                  |                 |  |
| TITLE  |  |                                       | :TITLE.:-          | = <= < <del>&gt; &lt;= =</del> | TOTAL                                 | January Comment and   |   | Change           | ☐ Addition.     |  |
| NAME   |  |                                       | NAME<br>STREET ADD | oncce.                         |                                       |   | `   |                  |                 |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |                                       | STREET ADD         | I                              |                                       |   |   |                  |                 |  |
| TITLE  |  | ☐ Delete                              | TITLE              |                                |                                       | <u>,</u>  | ]   | Change           | Addition        |  |
| NAME   | 1  |                                       | NAME               |                                |                                       |   |   |                  |                 |  |
| STREET ADDRESS   |  |                                       | STREET ADD         | 1                              |                                       |   |   |                  |                 |  |
| CITY-ST-ZIP  |  |                                       | CITY-ST-ZI         | IP                             |                                       |   | -   |                  | - taldition     |  |
| TITLE  | ı  | ☐ Delete                              | TITLE              |                                |                                       |   | l   | ☐ Change         | ☐ Addition }    |  |
| NAME<br>STREET ADDRESS   |  |                                       | NAME<br>Street add | ORESS                          |                                       |   |   |                  |                 |  |
| CITY-ST-ZIP  |  |                                       | CITY-ST-Z          | l l                            |                                       |   |   |                  |                 |  |
| TITLE  |  | ☐ Delete                              | TITLE              |                                |                                       |   |   | Change           | ☐ Addition      |  |
| NAME   |  |                                       | NAME               | 20500                          |                                       |   |   |                  | ł               |  |
| STREET ADDRESS   |  |                                       | STREET ADD         | l l                            |                                       |   |   |                  | Ì               |  |
| CITY-ST-ZIP  | 1 .  | _                                     | 0111-31-2          |                                |                                       |   |   |                  |                 |  |

13. I hereby certify that the information supplied with his 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 of 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:

HENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR