

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90155 034 \*\*\*150.00

**DOCUMENT # P98000052291**

1. Entity Name  
**U.S. TONER, INC.**

Principal Place of Business: **TWO OAKWOOD BOULEVARD SUITE 200 HOLLYWOOD FL 33020**

Mailing Address: **P O BOX 2508 FT LAUDERDALE FL 33303-2508**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **6500 NW 21ST AVE SUITE #1**

3. Mailing Address: **P.O. BOX 2508**

City & State: **FORT LAUDERDALE FL**

City & State: **FT. LAUDERDALE, FL**

Zip: **33309** Country: **FL**

Zip: **33303** Country: **FL**

4. FEI Number: **65-0842644**

Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MOODY, BRENT L**  
**515 E LAS OLAS BLVD, 15TH FL**  
**FT LAUDERDALE FL 33302**

7. Name and Address of New Registered Agent

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: \_\_\_\_\_ (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.

**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	
TITLE: <b>D</b>	<input type="checkbox"/> Delete
NAME: <b>GUERIN, SEAN</b>	
STREET ADDRESS: <b>2600 ACACIA CT</b>	
CITY-ST-ZIP: <b>FT LAUDERDALE FL 33301</b>	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>ALVAREZ, CHARUE</b>	
STREET ADDRESS: <b>1785 DAYTONIA ROAD</b>	
CITY-ST-ZIP: <b>MIAMI BEACH FL 33141</b>	
TITLE: <b>A</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>SIKES, S. BRITT</b>	
STREET ADDRESS: <b>1119 SE 4TH ST.</b>	
CITY-ST-ZIP: <b>FT. LAUDERDALE, FL 33301</b>	
TITLE: <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>GERNET, FRANK E.</b>	
STREET ADDRESS: <b>2100 SOUTH OCEAN DRIVE, APT 5 J</b>	
CITY-ST-ZIP: <b>FT LAUDERDALE FL 33316</b>	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

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: Sean C. Guerin **SEAN C. GUERIN** 3/27/00 954.97.5510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)