

2000 UNIFORM BUSINESS REPORT (UBR)

10/2

DOCUMENT # 99800000126

1. Entity Name
COURIER PLUS SYSTEMS INC.

FILED
00 SEP 18 PM 2:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
8326 NW 56 STREET
MIAMI, FL 33166

Mailing Address
GELBER & COMPANY
285 N.W. 199th STREET, #204
MIAMI, FL 33169

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
GELBER & COMPANY
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number
65-0880821

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ROLLOCK, MARTIN
8326 NW 56 STREET
MIAMI, FL 33166

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. ☐ (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	PRES. MARTIN ROLLOCK 8326 NW 56 STREET MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300003409153-5 -09/29/00--01019--018 ****150.00 ****150.00
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: Martin Rollock **69-13-00** **305 593 2096**

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

CR2E034 (9/99)

KE

09-13-00

262

TO WHOM THIS MAY CONCERN:

THIS IS THE SECOND CHECK TO PAY
FOR UNIFORM BUSINESS REPORT, BUT MY FIRST
CHECK NEVER CLEARED THROUGH THE BANK.
COULD YOU CONFIRM MY PAYMENTS PLEASE.

THANK YOU
MANAGER
MARTIN ROLLO