

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA880006 71865**

1. Entity Name

INK PLUS CORP.

APPROVED
AND
FILED

00 MAY -5 AM 9:09

Principal Place of Business

Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

8199 NW 74th Avenue

3. Mailing Address

8189 NW 74th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Medley, Florida

City & State
Medley, Florida

4. FEI Number
65-0863826

Applied For
Not Applicable

Zip
3166 33166

Country
USA

Zip
3166 33166

Country
USA

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

6. Name and Address of Current Registered Agent

Stephen J. Kolski, Jr.
1700 Alfred I. duPont Building
169 East Flagler Street
Miami, Florida 33131

7. Name and Address of New Registered Agent

Name
Alex Alvarez
Street Address (P.O. Box Number is Not Acceptable)
3898 SW 143rd Place
City Miami FL Zip Code 33175

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 the date

(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

TITLE PD
NAME Alex Alvarez
STREET ADDRESS 3898 SW 143rd Place
CITY-ST-ZIP Miami, Florida 33175

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)