2000 UNIFORM BUSINESS REPORT (UBR)

1/19/00-90317-048-\$150.00-\$150.00

MAILING EQUIPMENT REPAIRS, INC. On MAR 23 PM 12: 25 SECRETARY OF STATE FACTORY AND STATE FORT LAUDERDALE PL 33004 728 NE 13TH COURT #4 FORT LAUDERDALE PL 33004 729 NE 13TH COURT #4 FORT LAUDERDALE PL 33004 720 Net 27 Net Country 720 Net 13TH COURT #4 FORT LAUDERDALE PL 33304 73. Name and Address of New Registered Agent 74. Name and Address of New Registered Agent 75. Name and Address of New Registered Agent 76. Name and Address of New Registered Agent 77. Name and Address of New Registered Agent 78. The above named entity submits this statement for the purpose of changing its registered agent, or born, in the State of Florida. 86. The above named entity submits this statement for the purpose of changing its registered agent, or born, in the State of Florida. 86. The above named entity submits this statement for the purpose of changing its registered agent, or born, in the State of Florida. 86. The above named entity submits this statement for the purpose of changing its registered agent, or born, in the State of Florida. 86. The above named entity submits this statement for the purpose of changing its registered agent, or born, in the State of Florida. 86. The above named entity submits this statement for the purpose of changing its registered agent, or born, in the State of Florida. 86. The above named entity submits this statement for the purpose of changing its registered agent, or born, in the State of Florida. 86. The above named entity submits this statement for the purpose of changing its registered agent, or born, in the State of Florida. 86. The above named entity submits this statement for the purpose of changing its registered agent, or born, in the State of Florida. 86. The above named entity submits this statement for the purpose of changing its registered agent, or born, i	MAILING	DOCUMENT # P98000075690 1. Entity Name					FILED			
PORT LAUDEROALE FL 33004-1729 2. Principal Place of Business 3. Mailling Address Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Do NOT WRITE IN THIS SPACE City & State PRAZIATO, LIVIO 728 NE 13TH COURT #4 FORT LAUDEROALE FL 33304 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: Signature speed or drives arens at registery its intangible 8. This corporation is eligible to satisfy its intangible FILE NOVILLE FLS \$15.00 Make Check Payable to Department of State OFFICIERS AND DIRECTORS 11. OFFICIERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 This County #4 FORT LAUDEROALE FL 33304 Delete MAKE SIRET ADDIESS STORT ADDIESS	Principal Place					00 MAR 23 PM 12: 25				
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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 direction 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 changed, or on an attachment with an address, with all other like empowered.	CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			name Street City-S	ST-ZIP					

SIGNATURE:

Daytime Phone #