

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90001 034 ***550.00

DOCUMENT # P99000015729

1. Entity Name
PRINTSOURCE USA, INC.



Principal Place of Business: **ONE FINANCIAL PLAZA
 100 SOUTHEAST THIRD AVENUE, SUITE 2108
 FT. LAUDERDALE FL 33394**

Mailing Address: **ONE FINANCIAL PLAZA
 100 SOUTHEAST THIRD AVENUE, SUITE 2108
 FT. LAUDERDALE FL 33394**



DO NOT WRITE IN THIS SPACE

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

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

4. FEI Number: **65-0905088**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**AMERICAN INFORMATION SERVICES, INC.
 ONE SE THIRD AVENUE, 28TH FLOOR
 MIAMI FL 33131**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	<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	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Carpenter, Michael
STREET ADDRESS	100 SE 3rd Avenue Suite, 2108
CITY-ST-ZIP	Ft. Lauderdale, FL 33394
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Fornie, Craig
STREET ADDRESS	100 SE 3rd Ave Suite 2108
CITY-ST-ZIP	Ft. Lauderdale, FL 33394
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP Sarbey, Scott
STREET ADDRESS	100 SE 3rd Ave Suite 2108
CITY-ST-ZIP	Ft. Lauderdale, FL 33394
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP Nichols, Michael
STREET ADDRESS	100 SE 3rd Ave Suite 2108
CITY-ST-ZIP	Ft. Lauderdale, FL 33394
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: **SARBAY** **Sarbey** **9/12/00** **(954) 525-6840**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)