

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/.

**FILED**  
**Jun 27, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90045 010 \*\*\*150.00

**DOCUMENT # P99000018835**

1. Entity Name

**DUPLICATION WORKS, INC.**

*R*

Principal Place of Business

7761 SW 62ND AVENUE, SUITE 100  
 MIAMI FL 33143

Mailing Address

7761 SW 62ND AVENUE, SUITE 100  
 MIAMI FL 33143-4908

2. Principal Place of Business

7751 SW 62ND AVENUE

3. Mailing Address

7751 SW 62ND AVE

Suite, Apt. #, etc.

FIRST FLOOR

Suite, Apt. #, etc.

FIRST FLOOR

City & State

SOUTH MIAMI, FLORIDA

City & State

SOUTH MIAMI, FLA.

Zip

33143

Country

USA

Zip

33143

Country

USA

DO NOT WRITE IN THIS SPACE

65-0907114

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CROUSILLAT, JORGE

13953 SW 68TH ST., APT. 101B  
 MIAMI FL 33183

7. Name and Address of New Registered Agent

SAN PEDRO, MARIA

7751 SW 62ND AVENUE

FIRST FLOOR

City

SOUTH MIAMI

FL

33143

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 title if applicable.

(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	<input type="checkbox"/> Delete
NAME	CELIS, ALBERTO	
STREET ADDRESS	13953 SW 68TH STREET	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SAN PEDRO, MARIA C	
STREET ADDRESS	15493 SW 147TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33186	
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	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/00

CR2E034 (9/97)