

2000 UNIFORM BUSINESS REPORT (UBR)

3/6/1

FILED

May 17, 2000 8:00 am
Secretary of State

03-06-2000 90031 049 ***150.00

DOCUMENT # P99000033642

1. Entity Name

M C E MIAMI COPIER EMERGENCY INC.

Principal Place of Business

Mailing Address

**NW 5TH ST.
FL 33126**

**4890 NW 5TH ST.
MIAMI FL 33126-2166**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0910764

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEZCANO, FERNANDO
4890 NW 5TH ST.
MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name **CRUZ, CARLOS A.**

Street Address (P.O. Box Number is Not Acceptable)

460 NW 48TH CT

City **MIAMI**

FL

Zip Code **33126**

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]

02/22/00

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 checked="" type="checkbox"/> Delete |
| NAME | LEZCANO, FERNANDO | |
| STREET ADDRESS | 4890 NW 5TH ST. | |
| CITY-STATE-ZIP | MIAMI FL 33126 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | CRUZ, CARLOS A | |
| STREET ADDRESS | 460 NW 48TH CT. | |
| CITY-STATE-ZIP | MIAMI FL 33126 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------|---|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CRUZ, CARLOS A | |
| STREET ADDRESS | 460 NW 48TH CT | |
| CITY-STATE-ZIP | MIAMI, FL 33126 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/22/00

(305) 448-5672

CR2E034 (9/99)