

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033642

1. Entity Name

M C E MIAMI COPIER EMERGENCY INC.

Principal Place of Business

4890 NW 5TH ST.
MIAMI FL 33126

Mailing Address

4890 NW 5TH ST.
MIAMI FL 33126

2. Principal Place of Business

774 NW 126 COURT

Suite, Apt. #, etc.

3. Mailing Address

774 NW 126 COURT

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33182

Country

City & State

MIAMI, FLORIDA

Zip

33182

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
CARLOS A. CRUZ

Street Address (P.O. Box Number is Not Acceptable)
774 NW 126 COURT

City
MIAMI

FL

Zip Code
33182

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, 2001 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-ST-ZIP	MIAMI FL 33126	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CRUZ, CARLOS A	
STREET ADDRESS	460 NW 48TH CT.	
CITY-ST-ZIP	MIAMI FL 33126	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, CARLOS A	
STREET ADDRESS	774 NW 126 COURT	
CITY-ST-ZIP	MIAMI, FL 33182	
TITLE	V-P/D, ANABELLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEZCANO, ANABELLE	
STREET ADDRESS	774 NW 126 COURT	
CITY-ST-ZIP	MIAMI, FL 33182	
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

2-25-01

Date

305-226-6594

Daytime Phone #

CR2E034 (10/00)

0144346

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90066 038 ***150.00

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DO NOT WRITE IN THIS SPACE