

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057901

1. Entity Name
NATIONWIDE PRINTERS OF AMERICA, INC. ✓

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90030 034 ***158.75

Principal Place of Business
2201 SW 142nd COURT
MIAMI, FL. 33175

Mailing Address
2201 SW 142nd COURT
MIAMI, FL. 33175

2. Principal Place of Business
6993 NW 82nd AVE BAY 30

3. Mailing Address
6993 NW 82nd AVE BAY 30

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL. 33166

Zip Country

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MIAMI, FL. 33166

Zip Country

4. FEI Number
65-0935227

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ASNOTD VALENCIAGA
2201 SW 142nd COURT
MIAMI, FL. 33175

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 _____
Signature, typed or printed name of registered agent and state 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 \$350.00

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 NAME STREET ADDRESS CITY-ST-ZIP	P/D ASNOTD VALENCIAGA 2201 SW 142nd CT. MIAMI FL. 33175 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D ASNOTD VALENCIAGA JR. 2201 SW 142nd CT. MIAMI, FL. 33175 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D JAVIER SOSA 15833 SW 66th TERR. MIAMI FL. 33193 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *X [Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-06-01

Date

Upplies 1/1/00