

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068515

1. Entity Name

U.S. COPIERS, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90155 036 \*\*\*150.00

Principal Place of Business

Mailing Address

2600 ACACIA CT  
FT LAUDERDALE FL 33301

2600 ACACIA CT  
FT LAUDERDALE FL 33301-2716

2. Principal Place of Business

6500 NW 21<sup>ST</sup> AVE.

3. Mailing Address

P.O. Box 2508

Suite, Apt. #, etc.

SUITE 1

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE FL

City & State

FT. LAUDERDALE FL

4. FEI Number

65-0938083

Applied For

Not Applicable

Zip

Country

33309

Zip

Country

33309

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOODY, BRENT L  
515 E LAS OLAS BLVD, 15TH FL  
FT LAUDERDALE FL 33301

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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GUERIN, SEAN  
CITY-ST-ZIP 2600 ACACIA CT  
FT LAUDERDALE FL 33301

TITLE ☐ Change ☐ Addition  
NAME D  
STREET ADDRESS ALVAREZ, CHARLIE  
CITY-ST-ZIP 1785 DAYTONIA ROAD  
MIAMI BEACH FL 33141

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME SIKES, S. BAITT  
STREET ADDRESS 1119 SE. 47<sup>TH</sup> ST.  
CITY-ST-ZIP FT. LAUDERDALE, FL 33301

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME D  
STREET ADDRESS GERNEAT, FRANK E.  
CITY-ST-ZIP 2100 SOUTH OCEAN DRIVE, APT 5J  
FT. LAUDERDALE, FL 33316

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

3/27/00

Date

954.917.5510

Daytime Phone #

CR2E034 (9/99)