

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

EXECUTIVE PAPER & OFFICE PRODUCTS, INC.

Principal Place of Business

Mailing Address

13556 SW 129th STREET
MIAMI, FLORIDA, 33186

2. Principal Place of Business

3. Mailing Address

13556 SW 129th ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33186

Country

DADE

Zip

Country

4. FEI Number

65-0941535

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRENDA C. COLEMAN
9104 SW 132ND LANE
MIAMI, FLORIDA 33176

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 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

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CHIEF EXECUTIVE OFFICER / PRESIDENT / CEO
BRENDA C. COLEMAN
9104 SW 132ND LANE
MIAMI, FLORIDA 33186

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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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T8

CR2E034 (9/99)

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

BRENDA C. COLEMAN 9/5/00 305-233-9569

Date

Daytime Phone #