

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000072599**
 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
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

6. Name and Address of Current Registered Agent
BRENDA C. COLEMAN
9104 SW 132 LANE
MIAMI, FL 33176

4. FEI Number
65-0941535
 Applied For
 Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when replacing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)
FILE NOWAY 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRESIDENT/CEO	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BRENDA COLEMAN		NAME		
STREET ADDRESS	9104 SW 132 LANE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 this 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 **Brenda C. Coleman** 12/16/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 DEC 21 PM 4:00

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 ****158.75 ****158.75
 DO NOT WRITE IN THIS SPACE

CR20034 (11/00)



Executive Paper & Office Products, Inc.

13536 SW 129th Street, Miami, FL 33186-5839
Telephone 305.233.1118 ☎ Fax 305.233.8184 ☎ Email: executivepaper@aol.com

December 21, 2001

Mr. Andy Dunlap
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Dear Mr. Dunlap:

Per your request, I am sending this letter to inform you that we did not receive the original application for reinstatement of Executive Paper & Office Products, Inc.

The form I sent for reinstatement was downloaded from the internet. If you have further questions, please do not hesitate to call me.

Sincerely,

Brenda C. Coleman
President/CEO

P.S. I am dropping the original letter in the mail

FAX: 850-245-6017 (1) PAGE