

2000 UNIFORM BUSINESS REPORT (UBR)

9/18/00-90038-016-\$150.00-\$150.00 *Page 1 of 1*

DOCUMENT # P99000095468

FILED

1. Entity Name

COPIER EXPRESS SERVICE, INC

00 OCT -2 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

14815 N.W. 88TH PL
MIAMI FL 33018

Mailing Address

14815 N.W. 88TH PL
MIAMI FL 33018

A0079235

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0983053

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HERNANDEZ, ELSA C
14815 N.W. 88TH PL
MIAMI FL 33018

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
HERNANDEZ, ELSA C
14815 N.W. 88TH PL
MIAMI FL 33018

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
HERNANDEZ, ARMANDO A
14815 N.W. 88TH PL
MIAMI FL 33018

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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)(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

Date

Daytime Phone #

CR2E034 (5/00)

COPIER EXPRESS SERVICE, INC.

14815 N.W. 88th Place
Miami Lakes, Florida 33018

Attachment P99000095468
P99000095468
A0079235

September 5, 2000

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

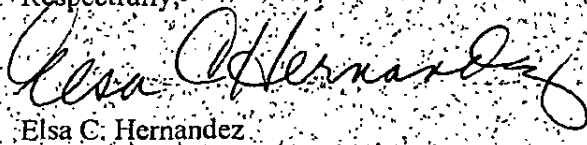
Re: Document #P99000095468
2000 Uniform Business Report

To Whom It May Concern:

I am enclosing the above referenced annual report and a check for the filing fee of \$150.00. I am requesting an abatement of the penalty for not filing by May 1st. The non-filing was not intentional. I did not received any notices or a pre-printed form prior to the second request which was recently received.

Thank you for your consideration.

Respectfully,


Elsa C. Hernandez