

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 14, 2000 8:00 am**  
**Secretary of State**

09-14-2000 90005 045 \*\*\*550.00

**00085906**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P99000104862**

1. Entity Name  
**ALLIED PRINTERS, INC.**

Principal Place of Business  
**7850 CAMINO REAL BUILDING #0 APT. 203**  
**MIAMI FL 33143**

Mailing Address  
**7850 CAMINO REAL BUILDING #0 APT. 203**  
**MIAMI FL 33143**

2. Principal Place of Business  
**11850 SW 45th**

3. Mailing Address  
**11850 SW 45th**

Suite, Apt. #, etc.

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

4. FEI Number  
**65-0974503**

Applied For  
☐ Not Applicable

Zip  
**FL 33175** Country

Zip  
**33175** Country

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

6. Name and Address of Current Registered Agent  
**MOREIRA, JOSE**  
**7850 CAMINO REAL BUILDING #0 APT. 203**  
**MIAMI, FL 33143**

7. Name and Address of New Registered Agent  
 Name **MOREIRA, JOSE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11850 SW 45th**  
 City **MIAMI** **FL** Zip Code **33175**

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. ☐ **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                      | PD                                    | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MARTIN, CARMEN                        |                                 | NAME  |  |   |
| STREET ADDRESS             | 7850 CAMINO REAL BUILDING #0 APT. 203 |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | MIAMI FL 33143                        |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                                       | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                       |                                 | NAME  |  |   |
| STREET ADDRESS             |                                       |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                                       |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                                       | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                       |                                 | NAME  |  |   |
| STREET ADDRESS             |                                       |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                                       |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                                       | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                       |                                 | NAME  |  |   |
| STREET ADDRESS             |                                       |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                                       |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                                       | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 REQUIRED** **9/11/2000** **305-461-9655**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)