

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90242 021 ****61.25

DOCUMENT # 709966

1. Entity Name

PRINTING ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

6250 HAZELTINE NATIONAL DR
 STE 114
 ORLANDO FL 32822
 US

Mailing Address

6250 HAZELTINE NATIONAL DR
 STE 114
 ORLANDO FL 32822
 US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando FL
 32822 Orange

City & State

Orlando FL
 32822 Orange

4. FEI Number **59-0536092**

Applied For
 Not Applicable

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

DULBERT, ROBERT A
 100 SE 2ND ST.
 21ST FLOOR
 MIAMI FL 33131

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

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **CD** ☐ Delete
 NAME **DUTTON, LAWSON**
 STREET ADDRESS **280 W. 79TH PLACE**
 CITY-ST-ZIP **HIALEAH FL 33014**

TITLE **PD** ☐ Delete
 NAME **STREIBIG, MICHAEL H**
 STREET ADDRESS **6095 NW 167TH ST, D7**
 CITY-ST-ZIP **HIALEAH FL**

TITLE **VCD** ☐ Delete
 NAME **GARCIA, ED**
 STREET ADDRESS **6912 NW 46TH STREET**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **VCD** ☒ Delete
 NAME **MAGUIRE, BILL**
 STREET ADDRESS **3805 UNIVERSITY BLVD., WEST**
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **TD** ☒ Delete
 NAME **KORNS, D.J.**
 STREET ADDRESS **2637 24TH STREET NORTH**
 CITY-ST-ZIP **ST. PETERSBURG FL 33713**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Garcia, Ed. CHAIRMAN** ☒ Change ☐ Addition
 NAME **6912 N.W. 46th St**
 STREET ADDRESS **Miami FL 33166**
 CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition
 NAME **Streibig, Michael H**
 STREET ADDRESS **6275 HAZELTINE NAT'L DR**
 CITY-ST-ZIP **Orlando FL 32822**

TITLE **VCD** ☒ Change ☐ Addition
 NAME **Dutton, Lawson**
 STREET ADDRESS **280 W. 79th Place**
 CITY-ST-ZIP **Hialeah FL 33014**

TITLE **VCD** ☒ Change ☐ Addition
 NAME **DIAUGELLO, Robert**
 STREET ADDRESS **337 S. Northlake Blvd**
 CITY-ST-ZIP **Altamonte Springs FL 32701**

TITLE **TD** ☒ Change ☐ Addition
 NAME **Angstrom Wayne**
 STREET ADDRESS **2025 McKinley St.**
 CITY-ST-ZIP **Holly Wood FL 33054**

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E037 (5/01)