

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90895 024 ***150.00

DOCUMENT # P95000032317

1. Entity Name

LINK TO PRINT CORPORATION

Principal Place of Business

**8610 NW 70 STREET
MIAMI FL 33166
US**

Mailing Address

**8610 NW 70 STREET
MIAMI FL 33166
US**

2. Principal Place of Business

8045 NW 36 Street

3. Mailing Address

14280 SW 73 Street

Suite, Apt. #, etc.
502

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number **65-0575284**

Applied For

Not Applicable

Zip Country
33166 US

Zip Country
33183 US

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

**WALSH, FABIO
100 SE 1ST STREET
SUITE 42
MIAMI FL 33131**

Name
Walsh, Fabio

Street Address (P.O. Box Number is Not Acceptable)
8045 NW 36 Street

Suite 502

City
Miami

FL

Zip Code
33166

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

Fabio Walsh

4/08/02

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, 2002 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 ☐ Delete
NAME **PD WALSH, FABIO**
STREET ADDRESS **14280 SW 73RD STREET**
CITY-ST-ZIP **MIAMI FL 33183**

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

TITLE ☐ Delete
NAME **SD CAMARA, ANTONIO L**
STREET ADDRESS **14280 SW 73RD STREET**
CITY-ST-ZIP **MIAMI FL 33183**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fabio Walsh

4/8/02

(305) 752-2963

Date

Daytime Phone #

CR2E034 (9/01)