

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90451 004 ***150.00

DOCUMENT # P95000063690

1. Entity Name
CF GRAPHICS & PRINTING SUPPLIES, INC.



Principal Place of Business
**623 EXECUTIVE DRIVE
WINTER PARK FL 32789**

Mailing Address
**623 EXECUTIVE DRIVE 1950 Lee Road Suite 208
WINTER PARK FL 32789**



2. Principal Place of Business
1950 Lee Road Ste 208

3. Mailing Address
1950 Lee Road Ste 208

Suite, Apt. #, etc.
Winter Park, Fl 32789

Suite, Apt. #, etc.
Winter Park, Fl 32789

City & State
Winter Park, Fl

City & State
Winter Park, FL

4. FEI Number **59-3330260**

Applied For
Not Applicable

Zip
32789

Country
USA

Zip
32789

Country
USA

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

6. Name and Address of Current Registered Agent

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **KUENKELE, WILLIAM**
STREET ADDRESS **623 EXECUTIVE DRIVE**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **V** ☐ Delete
NAME **PEREZ, VICTOR**
STREET ADDRESS **623 EXECUTIVE DRIVE**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **ST** ☐ Delete
NAME **FLORES, CARMEN**
STREET ADDRESS **623 EXECUTIVE DRIVE**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☐ Addition
NAME **Kuenkele, William**
STREET ADDRESS **1950 Lee Road Suite 208**
CITY-ST-ZIP **Winter Park, Fl 32789**

TITLE **V** ☐ Change ☐ Addition
NAME **Victor Perez**
STREET ADDRESS **1950 Lee Road Suite 208**
CITY-ST-ZIP **Winter Park, FL 32789**

TITLE **St.** ☐ Change ☐ Addition
NAME **Flores, Carmen**
STREET ADDRESS **1950 Lee Road Suite 208**
CITY-ST-ZIP **Winter Park, FL 32789**

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

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

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 607, 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: *William Kuenkele* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)