3/25

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

03-25-2002 90030 037 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000023930

1. Entity Name

GRAFFITTY GRAPHICS OF MIAMI, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7561 Ramona Street	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miramar, FL. 33023	City & State
Zip / Country	Zip / Country

4. FEI Number: 65-0819210 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: German Vacca

Street Address (P.O. Box Number is Not Acceptable): 7561 Ramona Street

City: Miramar FL Zip Code: 33023

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: _____ 04/22/02

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) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE PD NAME Tobon, Adriana STREET ADDRESS 7561 Ramona Street CITY-ST-ZIP Miramar, FL. 33023		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VD NAME Vacca, German STREET ADDRESS 7561 Ramona Street CITY-ST-ZIP Miramar, Florida 33023		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 02/28/2002 (954) 986-6705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #