2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063522

1. Entity Name
PLUS PRINTING CORP.

FILED
Sep 06, 2000 8:00 am
Secretary of State
09-06-2000 90093 016 ***550.00

Principal Place of Business	Mailing Address
8737 NW 109TH TERRACE HIALEAH GARDENS FL 33018	8737 NW 109TH TERRACE HIALEAH GARDENS FL 33018

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
13140 ortega Lane		13140 ortega Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: North Miami, FL		City & State: North Miami, FL	
Zip: 33181	Country: USA	Zip: 33181	Country: USA

4. FEI Number 65-0980972 ☐ 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
CHAPONICK, EVELYN 7925 NW 12TH STREET E STE 318 MIAMI FL 33126	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

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 $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	PTSD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, ISMAEL	NAME	
STREET ADDRESS	7925 N.W. 12 STREET, STE. 318	STREET ADDRESS	
CITY-ST-ZIP	MIAMI S FL 33126	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, MICHAEL	NAME	
STREET ADDRESS	7925 N.W. 12 STREET, STE. 318	STREET ADDRESS	
CITY-ST-ZIP	MIAMI S FL 33126	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (5/00)

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: PRES. ISMAEL Gonzalez 8/31/2000 (305) 891-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #