FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2003 8:00 am
Secretary of State
05-13-2003 90054 005 ***150.00

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DOCUMENT # 306887

1. Entity Name: FINE ARTS LITHOGRAPHING CO. INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1031 BLUEBIRD AVE	
Suite, Apt. #, etc.: HOUSE	Suite, Apt. #, etc.: SAME AS
City & State: MIAMI SPRINGS FL.	City & State:
Zip: 33166 Country: USA	Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ 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

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 individual with authority to sign (Each registered agent signature must be manually subscribed.) Date

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	RUDOLPH J. MAREK PRES. 1031 BLUEBIRD AVE MIAMI SPRINGS, FL. 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BETTY D. MAREK SEC'Y SAME AS ABOVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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CR2E034B (12/02)

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

SIGNATURE: Rudolph J Marek Pres RUDOLPH J. MAREK, PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #