2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 343697

1. Entity Name

CONTINENTAL PRINTING COMPANY INC

Principal Place of Business

Mailing Address

W 20TH ST. 580 W 20TH ST. HIALEAH FLA 33010-2427 __=:: FL 33010 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-1266367 Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARCIA, BRUNO Street Address (P.O. Box Number is Not Acceptable) 2337 SW 24TH TERR **MIAMI FL 33145** City 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 DATE Signature, typed or printed name of registered agent and little if applicable (NOTE. Registered Agent signature required when reinstating) This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 10.7 Election Campaign Financing 24 - \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution: Added to Fees (See criteria on back) . . ∫ □_{.3.} Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PSV** Change TITLE TITLE ☐ Delete GARCIA BRUNO NAME NAME STREET ADDRESS 2337 SW 24TH TERR STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP MIAMI FL 33145 ☐ Delete TITLE TITLE GARCIA, BRUNO NAME STREET ADDRESS STREET ADDRESS 2337 SW 24TH TERR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33145

FILED Apr 17, 2000 8:00 am Secretary of State

04-17-2000 90133 020 ***150.00



Applied For

Not Applicable

\$8.75 Additional

Fee Required

Zip Code

Addition ☐ Change ☐ Addition ☐ Change Addition

Addition

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3.	hereby certify that the information supplied with this filling 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 in
	changed, or on an attack of ent with an addess, with all other like empowered.

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CITY-ST-ZIP

GARCIA, LUIS A II

GARCIA, BRUNO L

1953 SW 57TH AVE

1975 SW 57TH AAVE

CORAL GABLES FL 33134

CORAL GABLES FL 33134

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