

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 391045

1. Entity Name

AMERICAN NATIONAL LITHOGRAPHERS AND ENGRAVERS, L

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90177 022 ***150.00

Principal Place of Business

Mailing Address

2444 NW 7TH PLACE
MIAMI FL 33127

2444 NW 7TH PLACE
MIAMI FL 33127-4214

2. Principal Place of Business

3. Mailing Address

3350 N.W. 112th STREET

3350 N.W. 112th STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FLORIDA

MIAMI, FLORIDA

Zip

Country

Zip

Country

33167

U.S.A.

33167

U.S.A.

4. FEI Number

59-1361721

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

HALL, L. GILBERT
2444 N.W. 7TH PLACE
MIAMI FL 33127

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 \$150.00

After MAY 1, 2000 Fee will be \$550.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
VD	HALL, EILEEN M	8446 ARDOCH RD.	MIAMI LAKES FL				
PD	HALL, GILBERT L	8446 ARDOCH RD.	MIAMI LAKES FL				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #