2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmen with an address, with a other like empowered.

YPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \(\)

FILED Feb 05, 2001 8:00 am **DOCUMENT # 513702 Secretary of State** GRAPHIC ARTS BINDERY INC. 02-05-2001 90100 017 ***150.00 Principal Place of Business Mailing Address 6710 N.E. 4TH AVENUE P O BOX 370605 MIAMI EL 22127 MIAMI FL 33137 A0020184 2. Principal Place of Business 3. Mailing Address 2310 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 407 City & State City & State 4. FEI Number Applied For 59-1690600 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired บรล Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SERRA, JORGE Street Address (P.O. Box Number is Not Acceptable) -6710 N.E. 4TH AVENUE --MIAMI FL 33137 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. STD ☐ Change Addition TITLE Delete TITLE SERRA, JOSSELINE NAME NAME 5710 NE 4 AVE STREET ADDRESS STREET ADDRESS MIAMI-FL --CITY-ST-ZIP CITY-ST-ZIP PID ☐ Change Addition TITLE Delete TITLE SERRA, GEORGE, JR NAME NAME same as above 5716 NE-4-AVE > STREET ADDRESS STREET ADDRESS MIAMI-FL-CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition. THILE Delete. TITLE SERRA, ANA (same as above NAME NAME 5716 NE 4 AVE -STREET ADDRESS STREET ADDRESS MIAMI FL-CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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