

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

0139145 AV

DOCUMENT # 529685

1. Entity Name

UNIVERSAL LITHO AND ALBUMS, INC.

02-20-2002 90092 021 ***150.00

Principal Place of Business

**550 W 84TH STREET
 HIALEAH GARDENS FL 33014-3616
 US**

Mailing Address

**550 W 84TH STREET
 HIALEAH GARDENS FL 33014-3616
 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1729613

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GARCIA, CARLOS O
 510 NW 32 AVE
 MIAMI FL 33184**

7. Name and Address of New 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.

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, 2002 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

TITLE Delete
 NAME **PD GARCIA, CARLOS O.**
 STREET ADDRESS **510 NW 32TH AVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE Delete
 NAME **VD GONZALEZ, DARIO**
 STREET ADDRESS **1865 BRICKELL AVE., #708**
 CITY-ST-ZIP **MIAMI FL**

TITLE Delete
 NAME **SD MORENO, ANTONIO**
 STREET ADDRESS **13330 S.W. 5TH ST.**
 CITY-ST-ZIP **MIAMI FL**

TITLE Delete
 NAME **TD PAGE, ROBERTO**
 STREET ADDRESS **CALLE 6 B-1 MANSIONES GARDEN HILLS**
 CITY-ST-ZIP **GUAYNABO PR**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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TITLE Change Addition
 NAME
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE REQUIRED

3-4-02

Feb 4 2002 305-557-2552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRE034 (9/01)