

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91755 005 ***150.00

DOCUMENT # F 98000006078

1. Entity Name

GRIFFON GRAPHICS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2117 HOLLYWOOD BLVD

Suite, Apt. #, etc.

3. Mailing Address

2117 HOLLYWOOD BLVD

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL.

City & State

HOLLYWOOD FL.

4. FEI Number

133142119

Applied For

Not Applicable

Zip

33020

Country

USA

Zip

33020

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ST LAURENT, LOUIS S II

Street Address (P.O. Box Number is Not Acceptable)

220 NW 122 AVE

City

CORAL SPRINGS

FL

Zip Code

33071

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

LOUIS S. ST LAURENT II

04-30-02.

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)** ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
P/D
ST LAURENT, LOUIS S II
220 NW 122 AVE
CORAL SPRINGS FL 33071

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V/D
BEAUCHAMP, YVES
2117 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

TITLE
NAME
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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

YVES BEAUCHAMP YVES BEAUCHAMP 04-30-02/954-924-9705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)