

2000 UNIFORM BUSINESS REPORT-(UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90050 008 ***150.00

1 2 3 4 5

DO NOT WRITE IN THIS SPACE

DOCUMENT # 690768
1. Entity Name GRAFICA INC.

Principal Place of Business 15431 S.W. 14th St
 Sunrise, FL 33326
Mailing Address 4707 Bayberry Lane
 Tamarac, FL 33319

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip
Country USA

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip
Country

4. FEI Number 59-2378359
☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 ROBERT BERNSTEIN
 4707 Bayberry Lane
 Tamarac, FL 33319

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 _____ (NOTE: Registered Agent signature required when reinstating) _____
 Signature, typed or printed name of registered agent and title if applicable. 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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------------|---------------------------------|
| TITLE | PRESIDENT | <input type="checkbox"/> Delete |
| NAME | ORLANDO TRAVAILLOT | |
| STREET ADDRESS | 1300 S.W. 125th Ave. - Apt. CAM-K-105 | |
| CITY-ST-ZIP | Pembroke Pines, FL 33027 | |
| TITLE | ROBERT BERNSTEIN - V.P. | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | 4707 Bayberry Lane | |
| CITY-ST-ZIP | Tamarac, FL 33319 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 4/24/00 Daytime Phone # 954-735-3155

CR2E034 (9/99)