

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0279715 AV

04-11-2002 90017 003 ***150.00

DOCUMENT # H31813
 1. Entity Name
PORCELITE REFINISHING OF SOUTH FLORIDA, INC.

Principal Place of Business 14869 S DIXIE HWY MIAMI FL 33176 US	Mailing Address 13015 SW 89TH PLACE #224 MIAMI FL 33176 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2486806	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GRAFF, DONALD M
10680 SW 92 AVE
MIAMI FL 33176

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	STD GRAFF, DONALD M. 10680 SW 92 AVE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAFF, BETTY F. 10680 SW 92 AVE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRAFF, BERRY F. 10680 SW 92 AVE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Donald M. Graff* **DONALD M. GRAFF** **4/1/02** **305 576-2420**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)