

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H48604

1. Entity Name

J.M.I. GRAPHICS, INC.

FILED

Apr 24, 2000 8:00 am  
Secretary of State

04-24-2000 90020 041 \*\*\*150.00

Principal Place of Business

Mailing Address

6360 FOREST HILL BLVD  
WEST PALM BEACH FL 33415  
US

6360 FOREST HILL BLVD  
WEST PALM BEACH FL 33415-6104  
US

2. Principal Place of Business

3. Mailing Address

1340 Chapparel Way

1340 Chapparel Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Wellington, FL

Wellington, FL

Zip

Country

Zip

Country

33414

USA

FL 33414

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2503588

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PELFERS, MICHELLE  
4970 LUQUI CT  
WEST PALM BEACH FL 33415

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME ELFERS, MICHELLE  
STREET ADDRESS 6070 S CONGRESS  
CITY-ST-ZIP LANTANA FL ☐ Delete

TITLE V. President  
NAME Thomas Elfers  
STREET ADDRESS 1340 Chapparel Way  
CITY-ST-ZIP Wellington, FL 33414 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: *Michelle Elfers Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Michelle Elfers*  
*4/17/00*  
*561-642-0044*

CR2E034 (9/99)