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

## **FILED** May 17, 2002 8:00 am Secretary of State 05-17-2002 90032 032 \*\*\*150.00

DOCUMENT #  1. Entity Name	H65083		
ADVANCED	PRINTING,	INC	

ADV	PRINTI	NG, INC.			-	
DO NOT WRITE IN THIS SPACE  2. Principal Place of Business  15950 N.W. 48 <sup>TA</sup> AVE  15950 NW 48 <sup>TA</sup> AVE.						
Suite, Apt. #, etc.  Suite, Apt. #, etc.			. DO NOT WRITE IN TH	HIS SPACE		
City & State	11, FL	City & State MIAMI, FL.		4. FEI Number 59-255453		
Zip 3301	Country 4- MIAMI - DADE	Zip 33014	Country MIRMI-	DADE	5. Certificate of Status Desired	\$8.75 Additional Fee Required
To Not Write  IN THIS SPACE  To Name and Address of Current Registered Agent  Name  Baksh Nassim  Street Address (P.O. Box Number is Not Acceptable)  866 NW 132 AVF  City PEMBROKE PINES  FL Zip Code 33 02 8						
SIGNATURE S  9. This corpora Tax filing rec	ignature, typed or printed name of registered agent an action is eligible to satisfy its Intangible quirement and elects to do so.	d title if applicable. (NC January 1 - After Ma	-	or registere  A KSH  pnature required v  150.00	ed agent, or both, in the State of Florida.	\$5.00 May Be
	OFFICERS AND D		TITLE NAME STREET ADDRES CITY-ST-ZIP		<b>e</b>	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRES CITY-ST-ZIP	s	IN THIS SPA	<b>ICE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRES CITY-SI-ZIP	S	9	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	rtifu that the information assembled with the	sin filling does not work of	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ition 119.07(3)(i), Florida Statutes. I further c	

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: Mast

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #