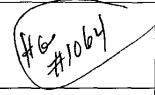
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## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # **J28527**

1. Entity Name

HELEN'S GRAPHICS, INC.



FILED May 02, 2001 8:00 am Secretary of State

05-02-2001 90137 026 \*\*\*150.00

Principal Plac C/O H WOYTO 315 NE 127 ST N MIAMI FL 33 US	,	Mailing Address C/O H WOYTOVECH 315 NE 127 ST N. MIAMI FL 33161 US						<b>SA 1780 ATA</b> 118	US BUDIS 1804	
2. Principal P	Principal Place of Business     3. Mailing Address									
Suite, Apt. #, etc. St		Suite, Apt. #, etc.	Suite, Apt. #, etc.				DO NOT W	RITE IN THIS	SPACE	
City & State	ty & State City & State				<b>4.</b> F	El Number	59-27115	62	<u> </u>	pplied For ot Applicable
Zip	Country	Zip	Country			Certificate of	Status Desired	ı 🗆	\$8.75 Add	ditional
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent						
~ ~ <del>~</del>		الشمار الاستحداد الدرائي	ļ	Name			~-		ہر ہے۔	
WOYTOVECH, HELEN 315 NE 127 ST N MIAMI FL 33161				Street Address (P.O. Box Number is Not Acceptable)						
			ĺ	City				Fl	Zip Cod	le
SIGNATI IRE	named entity submits this statement for Signature, typed or printed name of registered agent an				egistered age		in the State of	Florida.		
9. This corporation is eligible to satisfy its Intangible  Tax filing requirement and elects to do so.  (See criteria on back)  FILE NOW!!! FE  After MAY 1, 2001 Fe  Make Check Payable to			11 Fee v	will be \$55	0.00 of State	Trust	on Campaign Fund Contribu	tion.	⊥ Added	May Be
11.	OFFICERS AND D		12.		ADI	DITIONS/CH	IANGES TO O	FFICERS AN		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PST WOYTOVECH, HELEN 315 N. E. 127TH STREET NORTH MIAMI FL	□ Delete		T ADDRESS ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Woytovech, Helen 315 N. E. 127th Street North Miami Fl	☐ Delete		T ADDRESS ST-ZIP				-	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	VP WOYTOVECH, SUZONNE 315 NE 127TH ST NORTH MIAM! FL	Delete	NAME STREE CITY-	T ADORESS					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS		١	•	-	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS					☐] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with the	☐ Delete	CITY-S	T ADDRESS 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 frue and accurate and that my signature shall have the same legal effect as if made under eath; 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 DIRECT

4.55.0/ 305-893-0697 Date Daytime Phone \* C