

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J47197

1. Entity Name

UNITED GRAPHIC MANAGEMENT, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90024 042 ***150.00

Principal Place of Business

Mailing Address

4915 NW 159TH ST
MIAMI FL 33014
US

P.O. BOX 173064
P.O. BOX 173064
HIALEAH FL 33016-2324
US

2. Principal Place of Business

3. Mailing Address

9900 N.W. 80 Ave.

9900 N.W. 80 Ave.

State, Apt. #, etc.

Suite, Apt. #, etc.

Bay 4-0

Bay 4-0

City & State

City & State

Hialeah Gardens, FL

Hialeah Gardens, FL

Zip

Country

Zip

Country

33016

USA

33016

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RYAN, JOHN S. III
4915 NW 159TH ST
MIAMI FL 33014

Name RYAN, JOHN S. III

Street Address (P.O. Box Number is Not Acceptable)
9900 N.W. 80 Ave.

Bay 4-0

City Hialeah Gardens FL Zip Code 33016

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 

John S. Ryan III

12/31/99

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)

X

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 ☐ Delete
NAME RYAN, JOHN S. III
STREET ADDRESS 4915 NW 159TH ST
CITY-ST-ZIP MIAMI FL 33014

TITLE ☒ Change ☐ Addition
NAME 9900 N.W. 80 Ave. Bay 4-0
STREET ADDRESS Hialeah Gardens, FL 33016
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME ROACH, BARBARA
STREET ADDRESS 4915 NW 159TH ST
CITY-ST-ZIP MIAMI FL 33014

TITLE ☒ Change ☐ Addition
NAME 9900 N.W. 80 Ave. Bay 4-0
STREET ADDRESS Hialeah Gardens, FL 33016
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:  John S. Ryan III 12/31/99 (305) 362-1114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #