

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L01000012024**

1. Entity Name  
**UNLIMITED GRAPHIC DESIGN LLC**



Principal Place of Business  
11949 SOUTHWEST 12TH STREET  
PEMBROKE PINES, FL 33025

Mailing Address  
11949 SOUTHWEST 12TH STREET  
PEMBROKE PINES, FL 33025

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

**65-1122933**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22 STREET, 4TH FLOOR  
MIAMI, FL 33145

Name **FRANKLIN MARVAL**

Street Address (P.O. Box Number is Not Acceptable)

**11949 SW 12th street**

City **PEMBROKE PINES**

FL

Zip Code **33025**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent/owner title applicable.

(NOTE: Registered Agent signature required when registering)

DATE **04/22/2003**

FILE NOW!!! FEE (\$50.00)  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE **MGR**  
NAME **MARVAL, FRANKLIN**  
STREET ADDRESS **11949 SOUTHWEST 12TH STREET**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33025**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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Change  Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**04/22/2003 (ASU) 2533944**

04/22/2003

Daytime Phone #

CR2E083 (10/02)