## <sup>5</sup>2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Aug 01, 2001 8:00 am Secretary of State

Zip Country Zip Country S. Certificate of Status Desired IX \$8.75 Additional Country See Required Fee Require	DOCUMENT # L12742  1. Entity Name						Secretary of State 08-01-2001 90195 002 ***158.75				
7286 SW 48TH ST. #240 CORAL GABLES, FL 33134  2. Principal Place of Business  Suite, Apt. #. etc.   Suite, Apt. #. etc.   DO NOT WRITE IN THIS SPACE  City & State   City & State   City & State   City & State   A. FEI Number   C5 - 0.146257   Mol Applied    Zip   Country   Zip   Country   S. Certificate of Status Desired   X. FeR equived	PRI	NTMAT CORPORATION									
7286 SW 48TH ST. #240 CORAL GABLES, FL 33134  2. Principal Place of Business  Suite, Apt. #. etc.   Suite, Apt. #. etc.   DO NOT WRITE IN THIS SPACE  City & State   City & State   City & State   City & State   A. FEI Number   C5 - 0.146257   Mol Applied    Zip   Country   Zip   Country   S. Certificate of Status Desired   X. FeR equived	Principal Plac	ce of Business	Mailing Address			1					
Suite, Apt. #, etc.  City & State  Country  Zip  S. Certificate of Status Desired  Zip  S. R75 Additional Fee Required Fee Required Fee Required Copy  FL  Zip Code  Street Address of New Registered Agent  City  FL  Zip Code  Signature  City  Signature  Signatur	7286 9	SW 48TH ST. , FL 3155	2121 PONCE DE LEON BLVD. #240			•	80061450				
City & State  Country  Zip  Country  Zip  Country  Zip  Signature for a state of Current Registered Agent  Name  FERNANDEZ, ANA *B.  2121 PONCE DE LEON BLVD. #240  CORAL GABLES, FL 33134  City  City  City  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 fixed or prized future of ringsistered agent was title 1 application.  9. This corporation is eligible to satisfy its Intangible Tax king recuirement and elects to do so.  (See criteria on back)  OFFICERS AND DIRECTORS  11.  OFFICERS AND DIRECTORS  12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11.  DSV  ALVAREZ, MANUEL A.  SIRET AGRESS  CITY-S1-2P  MIAMIT, FL 331155  Dedie  MAKE  ALVAREZ, MANUEL E.  7286 SW 48TH ST.  MIAMIT, FL 331155  Dedie  MILE  MAME  ALVAREZ, MANUEL E.  7286 SW 48TH ST.  MIAMIT, FL 33155  Dedie  MILE  MAME  ALVAREZ, MANUEL E.  7286 SW 48TH ST.  CITY-S1-2P  MIAMIT, FL 33155  Dedie  MILE  MAME  ALVAREZ, MANUEL E.  OTHER AGRESS  CITY-S1-2P  MIAMIT, FL 33155  Dedie  MILE  MAME  ALVAREZ, MANUEL E.  OTHER AGRESS  7286 SW 48TH ST.  CITY-S1-2P  MIAMIT, FL 33155  Dedie  MIAMIT, FL 33155  Dedie  MILE  MAME  ALVAREZ, PATRICIA M.  SIRET AGRESS  TITLE  MAME  MAME  ALVAREZ, PATRICIA M.  SIRET AGRESS  CITY-S1-2P  MIAMIT, FL 33155  Dediec  MILE  MAME  MAME  ALVAREZ, PATRICIA M.  SIRET MORESS  CITY-S1-2P  MIAMIT, FL 33155  Dediec  MILE  MAME  MA	2. Principal Place of Business		3. Mailing Address			1					
Zip Country Zip Country S. Certificate of Status Desired IX Sa.75 Additional Fee Required Agent To Status Desired IX Sa.75 Additional Fee Required Agent Street Address of Name and Address of Current Registered Agent Name  FERNANDEZ, ANA VB. 2721 PONCE DE LEON BLVD. #240  CORAL GABLES, FL 33134  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printed name of riegistered agent and elects to do so Make Check Payable to Department of State  9. This corporation is eligible to satisfy its Intangible Tax killing recuirement and elects to do so Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILL AND THE TAX SIGNATURE STREET ADDRESS ON A 48 TH ST. MITCH DP ANAWE SIGNET ADDRESS ON SIGNET ADDRESS ON A 48 TH ST. MITCH DP ANAWE SIGNET ADDRESS ON A 570-00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILL MILL AND THE ADDRESS ON A 48 TH ST. MITCH DP ANAWE SIGNET ADDRESS ON A 48 TH ST. MITCH DP ANAWE SIGNET ADDRESS ON A 48 TH ST. MITCH DP ANAWE SIGNET ADDRESS ON A 48 TH ST. MITCH DP ANAWE SIGNET ADDRESS ON A 48 TH ST. MILL AND THE AD	Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
S. Certificate of Status Desired IX Fee Required	City & State		City & State			4.					
FERNANDEZ, ANA VB. 2121 PONCE DE LEON BLVD. #240  CORAL GABLES, FL 33134  City FL Zip Code  6. 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  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  13. OFFICERS AND DIRECTORS  14. ALVAREZ, MANUEL A.  57861 ADDRESS  CITY-ST-ZIP  17. Change ALVAREZ, TERESA M.  7286 SW 48TH ST.  17. Devide  17. TAMI, FL 33155  18. Devide  17. STREET ADDRESS  CITY-ST-ZIP  18. MIAMI, FL 33155  19. Devide  19. MIAMI, FL 33155  19. Devide  19	Zip 	Country	Zip 	Coun	try	Ш			Fee Require		
FERNANDEZ, ANAYB. 2121 PONCE DE LEON BLVD. #240  CORAL GABLES, FL 33134  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  ALVAREZ, MANUEL A.  7286 SW 48TH ST.  TITLE  NAME  ALVAREZ, TERESA M.  7286 SW 48TH ST.  TITLE  NAME  ALVAREZ, MANUEL E.  7286 SW 48TH ST.  TITLE  NAME  ALVAREZ, MANUEL E.  7286 SW 48TH ST.  TITLE  NAME  ALVAREZ, MANUEL E.  7286 SW 48TH ST.  TITLE  NAME  ALVAREZ, MANUEL E.  7286 SW 48TH ST.  TITLE  NAME  ALVAREZ, MANUEL E.  7286 SW 48TH ST.  TITLE  NAME  ALVAREZ, MANUEL E.  7286 SW 48TH ST.  TITLE  NAME  ALVAREZ, MANUEL E.  7286 SW 48TH ST.  TITLE  NAME  ALVAREZ, MANUEL E.  7286 SW 48TH ST.  TITLE  NAME  ALVAREZ, MANUEL E.  7286 SW 48TH ST.  TITLE  NAME  ALVAREZ, MANUEL E.  7286 SW 48TH ST.  TITLE  NAME  ALVAREZ, MANUEL E.  7286 SW 48TH ST.  TITLE  NAME  ALVAREZ, MANUEL E.  7286 SW 48TH ST.  TITLE  NAME  ALVAREZ, MANUEL E.  7286 SW 48TH ST.  TITLE  NAME  ALVAREZ, MANUEL E.  7286 SW 48TH ST.  TITLE  NAME  ALVAREZ, PATRICIA M.  TITLE  NAME  NAME  STRET ADDRESS  CITY-ST-2P  NAME  NAME  NAME  NAME  STRET ADDRESS  CITY-ST-2P  NAME  N		6 Name and Address of Current F	legistered Agent		Nama	7. 1	Name and Address of New Re	gistered A	Agent		
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 neure of registered agent and time? A applicable.  PATE NOW!!! FEE IS \$550.00  After September 12, 2001 Fee will be \$750.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  DSV  NAME  ALVAREZ, MANUEL A.  SIREET ADDRESS  CITY-ST-2P  ALVAREZ, TERESA M.  7286 SW 48TH ST.  CITY-ST-2P  ALVAREZ, MANUEL E.  7286 SW 48TH ST.  DP  ALVAREZ, MANUEL E.  7286 SW 48TH ST.  DEIGHE MANKE  DV  ALVAREZ, MANUEL E.  7286 SW 48TH ST.  DEIGHE MANKE  DV  ALVAREZ, MANUEL E.  7286 SW 48TH ST.  DEIGHE MANKE  DV  ALVAREZ, MANUEL E.  7286 SW 48TH ST.  DEIGHE MANKE  DV  ALVAREZ, MANUEL E.  7286 SW 48TH ST.  CITY-ST-2P  TITLE  MIAMI, FL 33155  Deiche  DV  ALVAREZ, PATRICIA M.  STREET ADDRESS  CITY-ST-2P  TITLE  MIAMI, FL 33155  Deiche  MIAMI, FL 33155  DEICH ADDRESS  CITY-ST-2P  DEICHE MANKE  MANKE  MANKE  MA	2121 PONCE DE LEON BLVD. #240										
SIGNATURE    Signature, typed or primed nume of registered agent and etile if applicable.   (NOTE Registered Agent agranure registered agent when reintalising)   DATE	ų.				City	FL Zip Code					
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  DSV  ALVAREZ, MANUEL A. 7286 SW 48TH ST. CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS STREET ADR	8. The above	e named entity submits this statement for	the purpose of changing its	s registere	ed office or registe	ered ag	ent, or both, in the State of Flor	ida.			
Tax filing requirement and elects to do so (See criteria on back)  After September 12, 2001 Fee will be \$750.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  DSV  ALVAREZ, MANUEL A.  7286 SW 48TH ST.  MIAMI, FL 33155  TILE  NAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI, FL 33155  Delete  TILE  NAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI, FL 33155  Delete  DA  ALVAREZ, MANUEL E.  7286 SW 48TH ST.  CITY-ST-ZIP  MIAMI, FL 33155  Delete  DA  ALVAREZ, MANUEL E.  7286 SW 48TH ST.  CITY-ST-ZIP  MIAMI, FL 33155  Delete  DA  ALVAREZ, MANUEL E.  7286 SW 48TH ST.  CITY-ST-ZIP  MIAMI, FL 33155  Delete  MIAMI, FL 33155  D	SIGNATURE	Signature, typed or printed name of registered agent ar	d title if applicable. (NO	TE: Registered	d Agent signature require	ed when re	einstating)	DATE			
TITLE	Tax filing requirement and elects to do so. After September 12,			2, 2001 F	ee will be \$750						
NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155  TITLE DP ALVAREZ, TERESA M. 7286 SW 48TH ST. CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP  MIAMI, FL 33155  TITLE DP ALVAREZ, TERESA M. 7286 SW 48TH ST. CITY-ST-ZIP  MIAMI, FL 33155  Delete D ALVAREZ, MANUEL E. 7286 SW 48TH ST. CITY-ST-ZIP  TITLE DV AMME ALVAREZ, MANUEL E. 7286 SW 48TH ST. CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME DV STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME DV STREET ADDRESS CITY-ST-ZIP  TITLE NAME DV STREET ADDRESS CITY-ST-ZIP  TITLE NAME DV STREET ADDRESS CITY-ST-ZIP  TITLE MIAMI, FL 33155 Delete TITLE NAME DV NAME DV NAME DV STREET ADDRESS CITY-ST-ZIP  TITLE MIAMI, FL 33155 Delete TITLE NAME D Change A Chang	11.	OFFICERS AND D	DIRECTORS	12.		ΑC	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS	S IN 11	
TITLE	name Street address	ALVAREZ, MANUEL A		NAME STREE	ET ADDRESS			_	☐ Change	Addition	
THE NAME ALVAREZ, MANUEL E. STREET ADDRESS CITY-ST-ZIP  TITLE MIAMI, FL 33155 Delete NAME  STREET ADDRESS ALVAREZ, PATRICIA M. STREET ADDRESS CITY-ST-ZIP  TITLE MIAMI, FL 33155 Delete NAME  MIAMI, FL 33155 Delete NAME  DV NAME  TITLE MIAMI, FL 33155 Delete NAME  D Delete NAME  D Delete NAME  D Delete NAME	NAME STREET ADDRESS	DP ALVAREZ, TERESA M 7286 SW 48TH ST.		NAME STREE	ET ADDRESS				☐ Change	Addition	
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TITLE MIAMI, FL 33155 Delete TITLE Change A	NAME STREET ADDRESS	DV ALVAREZ, PATRICIA		NAME STREE	ET ADORESS			,	☐ Change	☐ Addition	
CITY-ST-ZIP 7286 SW 48TH ST.	NAME STREET ADDRESS	MIAMI, FL 33155 D ALVAREZ, THERESA		NAME STREE	ET ADDRESS				☐ Change	☐ Addition	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 33155	0 - 1 -	NAME STREE CITY-	ET ADDRESS ST-ZIP	Section	119.07(3)(i). Florida Statutes L	further cer	•	Addition	

or the corporation or the receiver or trustee empowered to exacute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

Altachment # L12742

## PRINTMAT CORPORATION

2121 Ponce de Leon Blvd #240 Coral Gables, FL 33134

July 30, 2001

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

To whom it may concern:

Our Accountants have checked the records at the Division of Corporations and found that the 2001 Uniform Business Report (U.B.R.) for our company has not been filed.

According to our records we didn't receive the 2001 U.B.R. form. Enclosed is a completed 2001 U.B.R. and a check for \$158.75. We hereby request an abatement of the \$400.00 filling late penalty.

If you have any questions, please call our accountants Prats Fernandez & Co. at Tel: (305) 444-8333.

Sincerely,

PRINTMATE CORPORATION