

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90068 008 ***150.00

DOCUMENT # L12742

1. Entity Name
PRINTMAT CORPORATION

Principal Place of Business

7286 SW 48TH STREET
MIAMI FL 33155

Mailing Address

2121 PONCE DE LEON BLVD.. #240
CORAL GABLES FL 33134

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

7286 SW 48th ST

Suite, Apt. #, etc.

City & State

City & State
MIAMI, FL

4. FEI Number **65-0146257**

Applied For
Not Applicable

Zip

Country

Zip

33155

Country

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FERNANDEZ, ANA B
2121 PONCE DE LEON BLVD
STE 240
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **PATRICIA M ALVAREZ**
Street Address (P.O. Box Number is Not Acceptable)
7286 SW 48th ST
City **MIAMI** **FL** **Zip Code** **33155**

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]*

DATE **3/12/02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	DSV	<input type="checkbox"/> Delete
NAME	ALVAREZ, MANUEL A.	
STREET ADDRESS	7286 SW 48 ST.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ALVAREZ, TERESA M.	
STREET ADDRESS	7286 SW 48 ST.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALVAREZ, MANUEL E.	
STREET ADDRESS	7286 SW 48 ST.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ALVAREZ, PATRICIA M.	
STREET ADDRESS	7286 SW 48 ST.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALVAREZ, THERESA M.	
STREET ADDRESS	7286 SW 48 ST.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02

Date

305 663-9400

Daytime Phone #

CR2E034 (9/01)