FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Feb 19, 2001 8:00 am DOCUMENT # **L46622 Secretary of State** 1. Entity Name B & G GRAPHICS, INC. 02-19-2001 90257 039 ***150.00 Principal Place of Business Mailing Address 2469 E COMMERCIAL BLVD C/O HMPD FT-LAUDERDALE FL 33300 ... 16100 NE 16 AVE. NO. MIAMI BEACH FL 33162 3. Mailing Address OCEAN Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 65-0168741 PROCU Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERKOW, BRUCE I. -2465 E-COMMERCIAL BL∀D FT_LAUDERDALE_FL_FL_33308~ 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10 Flection Campaion Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change TITLE ☐ Delete TITL F BERKOW, BRUCE I. N. Ocean BI NAME STREET ADDRESS 2465-E. COMMERCIAL BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT-LAUDERDALE FL. TITLE ☐ Delete BERKOW, ELAINE E. NAME NAME STREET ADDRESS 2465 E. COMMERCIAL BLVD. STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME GOLDBERG, CHERYL F. STREET ADDRESS 2465 E. COMMERCIAL BLYD. STREET ADDRESS CITY-ST-ZIP FT_LAUDERDALE_FL CITY-ST-ZIP TITLE Delete ☐ Addition GOLDBERG, ROBERT NAME NAME STREET ADDRESS 2465 E. COMMERCIAL BLVD. STREET ADDRESS CITY-ST-ZIP F-T-LAUDERDALE-FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP - Change --- (=) Addition := := TITLE Delete TITLE NAME NAME STREET ADDRESS 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

Flaire Benkow