

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L56057

1. Entity Name

DIVERSIFIED GRAPHICS & REPRODUCTIONS, INC.

FILED

Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90119 036 ***150.00

Principal Place of Business

Mailing Address

4623 10TH AVE N
LAKE WORTH FL 33463
US

4623 10TH AVE N
LAKE WORTH FL 33463-2203
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0184703

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARNES, GLORIA E
4623 10TH AVE N
LAKE WORTH FL 33463

Name: Jaime L. Padilla
Street Address (P.O. Box Number is Not Acceptable): 5876 S. 37th Ct.
Greenacres FL 33463
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, typed or printed name of registered agent and fee 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) ☐

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

T BARNES, GLORIA E
3153 EMERSON AVE.
LAKE WORTH FL

TITLE: ☐ Delete
NAME: BARNES, GLORIA E
STREET ADDRESS: 3153 EMERSON AVE.
CITY-ST-ZIP: LAKE WORTH FL

V PADILLA, JAIME
6259 SAXON BLVD.
W. PALM BEACH FL

TITLE: ☐ Delete
NAME: PADILLA, JAIME
STREET ADDRESS: 6259 SAXON BLVD.
CITY-ST-ZIP: W. PALM BEACH FL

P PADILLA, CLAUDIA
5876 S. 37TH CT
GREENACRES FL 33463

TITLE: ☐ Delete
NAME: PADILLA, CLAUDIA
STREET ADDRESS: 5876 S. 37TH CT
CITY-ST-ZIP: GREENACRES FL 33463

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)