

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L71240

1. Entity Name
A + COLOR GRAPHICS, INC.

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90096 017 ***158.75

Principal Place of Business

6995 NW 82ND AVE.
SUITE 32
MIAMI FL 33166
US

Mailing Address

6995 NW 82ND AVE.
SUITE 32
MIAMI FL 33166
US

2. Principal Place of Business

8031 N.W. 14TH STREET

Suite, Apt. #, etc.

3. Mailing Address

8031 N.W. 14TH STREET

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number 65-0192814

Applied For

Not Applicable

Zip

Country

33126 USA

Zip

Country

33126 U.S.A.

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

PONTIGAS, MARIA T.
6995 NW 82ND AVE.
SUITE 32
MIAMI FL 33166

Name

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

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 title 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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	PONTIGAS, MARIA T.	
STREET ADDRESS	7221 SW 5 STREET	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	D	<input type="checkbox"/> Delete
NAME	PONTIGAS, ANGEL M.	
STREET ADDRESS	7221 SW 5 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ANGEL M. PONTIGAS 4/22/01 305-470-6282

CR2E034 (10/00)