

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2000 8:00 am
Secretary of State

05-10-2000 90102 012 ***150.00

DOCUMENT # L90432

1. Entity Name

GORDIAN GRAPHICS, INC.

Principal Place of Business

Mailing Address

~~1250 NW 57TH AVE.~~
~~STE 102~~
~~MIAMI FL 33126~~
~~US~~

~~1250 NW 57TH AVE.~~
~~STE 102~~
~~MIAMI FL 33126-1925~~
~~US~~

2. Principal Place of Business

3. Mailing Address

7311 NW 12 ST
Suite Apt. #, etc.
10

7311 NW 12 ST
Suite Apt. #, etc.
10

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33126

Country
DAVE

Zip
33126

Country
DAVE

4. FEI Number

65-0229225

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

BOMBA, ROBERT S
1250 NW 57TH AVE.
SUITE 102
MIAMI FL 33126

Name **ROBERT S BOMBA**
Street Address (P.O. Box Number is Not Acceptable)
7311 NW 12 ST
SUITE 10
City **MIAMI** FL Zip Code **33126**

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 **Robert S Bomba**

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

(NOTE: Registered Agent signature required when reinstating)

DATE: **4/24/00**

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 \$350.00
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	P	<input type="checkbox"/> Delete
NAME	BOMBA, ROBERT S	
STREET ADDRESS	1250 NW 57TH AVE., #102	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	SELF, DEBRA B	
STREET ADDRESS	8295 SW 92ND ST.	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	SELF, THOMAS D	<input checked="" type="checkbox"/> Delete
NAME	8295 SW 92ND ST.	
STREET ADDRESS	MIAMI FL 33196	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT S BOMBA	
STREET ADDRESS	7311 NW 12 ST #10	
CITY-ST-ZIP	MIAMI FL 33126	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Robert S Bomba**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/00 305 513 9970