

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90196 019 \*\*\*150.00

**DOCUMENT # M24485**

**1. Entity Name**  
**PRINT-A-MATICS, INC.**



**Principal Place of Business**  
**2131 WEST 60TH ST.**  
**HIALEAH FL 33016-2602**  
**US**

**Mailing Address**  
**2131 WEST 60TH ST.**  
**HIALEAH FL 33016-2602**  
**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** **59-2616606**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CABRERA, ALBERTO**  
**14735 SW 68TH TERR**  
**MIAMI FL 33183**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	TITLE	SD
NAME	CABRERA, ALBERTO	NAME	Cabrera, Alberto
STREET ADDRESS	14735 SW 68TH TERR	STREET ADDRESS	14735 S.W. 68th terr.
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Miami, FL 33192
TITLE	DVP	TITLE	
NAME	GONZALEZ, JOSE	NAME	
STREET ADDRESS	233 W 33RD ST	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	CITY-ST-ZIP	
TITLE	SD	TITLE	DP
NAME	GONZALEZ, LUIS	NAME	GONZALEZ Luis
STREET ADDRESS	15579 MIAMI LAKEWAY N#102	STREET ADDRESS	2131 W. 60th Street
CITY-ST-ZIP	MIAMI LAKES FL 33014	CITY-ST-ZIP	Hialeah, FL 33016
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**12. 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 10 or Block 11 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 #

2-17-03

305-557-8181

CR2E034 (10/02)