## 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** M25316 1. Entity Name NOVAGRAPHICS CORP.

Principal Place of Business 8119 NW 29 TH ST MIAMI FL 33122 US

Mailing Address

8119 NW 29 ST MIAMI FL 33122

2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				

FILED Apr 18, 2002 8:00 am Secretary of State

04-18-2002 90367 033 \*\*\*150.00



Cey & State    City & State   County   S. Certificate of Status Desired   Sex.75 Additional For Registered Agent   S. Certificate of Status Desired   Sex.75 Additional For Registered Agent   S. Certificate of Status Desired   Sex.75 Additional For Registered Agent   S. Certificate of Status Desired   Sex.75 Additional For Registered Agent   S. Certificate of Status Desired   Sex.75 Additional For Registered Agent   S. Certificate of Status Desired   Sex.75 Additional For Registered Agent   Sex.75 A	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WHITE IN THIS SPACE					
B. The above named entity submits this statement for the purpose of changing its registered of entire to be purpose of changing its registered of entire to be purpose of changing its registered of entire to be purpose of changing its registered of entire to be purpose of changing its registered of entire to be purpose of changing its registered of entire to be purpose of changing its registered of entire to be purpose of changing its registered of entire to be purpose of changing its registered of entire to the purpose of entire to the purpose of changing its registered of entire to	City & State City & State		e	4.		El Number <b>59-261</b>	<del></del>				
DECKERS. STEVEN B119 NW 29TH ST. MIAMI FL 33122  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Siste of Florida  SIGNATURE    Signature   Signat	Zip	Country	Zip	C	ountry	<b>5</b> . C	ertificate of Status Des	ired 🗆	<b>\$8.75</b> Ad	ditional	
DECKERS, STEVEN 8119 NW 29TH ST. MIAMI FL 33122  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, hyperd or preson named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE    Signature, hyperd or preson name of entity its Intangible   Addition   After May 1, 2002 Fee will be \$55,00   After May 1, 2002 Fee will be \$55,00		6. Name and Address of Curre	ent Registered Age	ent		7. N	ame and Address of N	lew Registered	Agent		
### STIES NW 29TH ST. MIAMI FL 33122    City   FL   Zie Code					Name					1	
MIAMI FL 33122  8. The above named entity submits this statement for the purpose of changing its registered disco or registered agent, or both, in the State of Florida.  SIGNATURE    Signature, types or preservation is eligible to solidisfy its Intangible   Tax Illing requirement and elects to do so.   After May 1, 2002 Fee will be \$550.00	DECKERS, STEVEN			Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
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, hyper or printed name of registered agent and use it applicable.   (NOTE Registered Agent signature Agent signature required when instituting)   DATE	8119 NW 29TH ST.										
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, horse or protest renew of registered agent and alled its occupant and elects to co so.   Make Check Payable to Department of State	MIAMI FL	33122									
SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE PDS PALACIOS, JUAN MANUEL CALLE 93 B #15-31 BOGOTA CO  TITLE NAME STREET ADDRESS CITY-ST-2P BOGOTA CO  TITLE DOLL NAME STREET ADDRESS CITY-ST-2P BOGOTA CO  TITLE NAME STREET ADDRESS CITY-ST-2P BOGOTA CO  COTY-ST-2P BOGOTA CO  TITLE DOLL NAME STREET ADDRESS CITY-ST-2P BOGOTA CO  TITLE NAME STREET ADDRESS CITY-ST-2P BOGOTA CO  TITLE DOLL NAME STREET ADDRESS CITY-ST-2P BOGOTA CO  TITLE NAME STRET ADDRESS CITY-ST-2P BOGOTA CO  TITLE NAME STREET ADDRESS CITY-ST-2P BOGOTA CO  TITLE NAME STREET ADDRESS CITY-ST-2P BOGOTA CO					City			F	Zip Cor	de	
SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE PDS PALACIOS, JUAN MANUEL CALLE 93 B #15-31 BOGOTA CO  TITLE NAME STREET ADDRESS CITY-ST-2P BOGOTA CO  TITLE DOLL NAME STREET ADDRESS CITY-ST-2P BOGOTA CO  TITLE NAME STREET ADDRESS CITY-ST-2P BOGOTA CO  COTY-ST-2P BOGOTA CO  TITLE DOLL NAME STREET ADDRESS CITY-ST-2P BOGOTA CO  TITLE NAME STREET ADDRESS CITY-ST-2P BOGOTA CO  TITLE DOLL NAME STREET ADDRESS CITY-ST-2P BOGOTA CO  TITLE NAME STRET ADDRESS CITY-ST-2P BOGOTA CO  TITLE NAME STREET ADDRESS CITY-ST-2P BOGOTA CO  TITLE NAME STREET ADDRESS CITY-ST-2P BOGOTA CO	O The shave	semed entity submits this statemen	at for the purpose of	changing its regis	stered office or r	enistered and	ent or both in the State	of Florida			
9. This corporation is elligible to satisfy its Intangible Tax filing requirement and elects to do so.   After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE PDS PALACIOS, JUAN MANUEL CALLE 93 B \$15-31 BOGOTA CO  TITLE DP PALACIOS, DENISE CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE	8. The above	named entity submits this statemen	it for the purpose of	Changing its regis	stered office of t	cgistorea agt	one, or boar, in and orace	0,1101100			
9. This corporation is elligible to satisfy its Intangible Tax filing requirement and elects to do so.   After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE PDS PALACIOS, JUAN MANUEL CALLE 93 B \$15-31 BOGOTA CO  TITLE DP PALACIOS, DENISE CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE	CICNATURE										
Tax filing requirement and elects to do so.  (See criteria on back)  After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of State  Trus Fund Contribution.  Added to Fee added to Fee added to Fee and Diffect ORS   11    TITLE  PDS PALACIOS, JUAN MANUEL CALLE 93 B #15-31 BOGOTA CO  TITLE  DPALACIOS, DENISE CITY-ST-2IP  TITLE  TITLE  DECKERS, STEVEN 3838 FALCON RIDGE CIRCLE WESTON FL 33331  TITLE  NAME SIRRET ADDRESS CITY-ST-2IP  TITLE  NAME SIRRET ADDRESS CITY-ST-2IP  TITLE  NAME SIRRET ADDRESS CITY-ST-2IP  TITLE NAME SIRRET ADDRESS CITY-ST	SIGNATURE .	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Regi	istered Agent signatur	e required when re	nstating)	DATE			
After May 1, 2002 Fee will be \$550.00 (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREET ADDRESS CITY-ST-2IP  TITLE NAME STREET ADDRESS CIT	9. This corpo	ration is eligible to satisfy its Intang	ible I	FILE NOW!!! F	EE IS \$150.0	0	10 Election Campai	on Financing	¢ 5	OO May Bo	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	Tax filing r	equirement and elects to do so.	Afte				•	•			
TITLE NAME STREET ADDRESS CALLE 93 B #15-31 BOGOTA CO  TITLE NAME STRET ADDRESS COTY-ST-ZIP TITLE NAME STREET ADDRESS COTY-ST-ZIP TITLE NAME NAME STREET ADDRESS COTY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS COTY-ST-ZIP TITLE NAME STR	(See criter	•	<u> </u>							72 11 11	
NAME STREET ADDRESS CITY-ST-ZPP TITLE NAME STREET ADDRESS CITY-ST-ZPP TITLE D PALACIOS, DENISE CALE 93 B #15-31 BOGOTA CO  TITLE PALACIOS, DENISE CALE 93 B #15-31 BOGOTA CO  TITLE TITLE D D Delete NAME STREET ADDRESS CITY-ST-ZPP TITLE DECKERS, STEVEN 3838 FALCON RIDGE CIRCLE WESTON FL 33331  TITLE TITLE NAME STREET ADDRESS CITY-ST-ZPP						AD	DITIONS/CHANGES TO	OFFICERS AN			
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TI			L		- 1				Change	☐ Addition	
CITY-ST-ZIP  BOGOTA CO  TITLE NAME PALACIOS, DENISE CALE 93 B #15-31 BOGOTA CO  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREE					1						
NAME STREET ADDRESS CITY-ST-ZIP BOGOTA CO  TITLE NAME STREET ADDRESS CITY-ST-ZIP BOGOTA CO  TITLE NAME STREET ADDRESS CITY-ST-ZIP					CITY-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	D		☐ Delete	TITLE				☐ Change	☐ Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP											
TITLE NAME STREET ADDRESS CITY-ST-ZIP						-					
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP				7.5-64-				<u>.                                      </u>		— ☐ Addition	
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP			L	Delete					Onlingo		
CITY-ST-ZIP  WESTON FL 33331  TITLE NAME STREET ADDRESS CITY-ST-ZIP			<b>.</b>								
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP			-		CITY-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		[	☐ Delete	TITLE		<u>.</u>		☐ Change	☐ Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP											
TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP					· I						
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP				7 p.u				<u> </u>	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP				Delete					□ Onange		
TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  TITLE  NAME STREET ADDRESS CITY-ST-ZIP											
NAME STREET ADDRESS CITY-ST-ZIP  NAME  CITY-ST-ZIP	CITY-ST-ZIP				CITY-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE		[	Delete		· ·			☐ Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP	1	·			1						
		Lertify that the information supplied	with this filing does	not qualify for the		ed in Section	119.07(3)(i), Florida Sta	tutes. I further o	ertify 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:

