

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90061 041 ***158.75

DOCUMENT # M57745

1. Entity Name

SAN LAZARO GRAPHICS, CORP.

Principal Place of Business

**764 S.W. 8TH STREET
MIAMI FL 33130**

Mailing Address

**764 S.W. 8TH STREET
MIAMI FL 33130**

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

59-2838393

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

**ARANGO, MARIO DE JESUS
819 S.W. 8TH AVE
MIAMI FL 33130**

Name **GERMAN GAVIRIA**

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

819 SW. 8TH AVE

City **MIAMI**

FL

Zip Code **33130**

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

GERMAN GAVIRIA

02/20/02

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, 2002 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 **PD** ☒ Delete
NAME **ARANGO, MARIO DE JESUS**
STREET ADDRESS **819 SW 8TH AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE **PD** ☒ Change ☐ Addition
NAME **GAVIRIA GERMAN**
STREET ADDRESS **819 SW. 8TH AVE**
CITY-ST-ZIP **MIAMI, FL 33130**

TITLE **STD** ☒ Delete
NAME **ARANGO, RITA**
STREET ADDRESS **819 SW 8TH AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE **STD** ☒ Change ☐ Addition
NAME **GUALTEROS, LUZ NIDY**
STREET ADDRESS **819 SW. 8TH AVE**
CITY-ST-ZIP **MIAMI, FL 33130**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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 or without like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERMAN GAVIRIA

Date

Daytime Phone #

02/20/02 705 856 2033

CR2E034 (9/01)