

2001 UNIFORM BUSINESS REPORT (UBR)

5/2.

FILED
May 24, 2001 8:00 am
Secretary of State

05-02-2001 90061 044 ***150.00

DOCUMENT # M88949

1. Entity Name
CANDY'S GRAPHICS, INC.

Principal Place of Business
% CANDIDO VIDAL
4460 N.W. 73RD AVE.
MIAMI FL 33168

Mailing Address
% CANDIDO VIDAL
4460 N.W. 73RD AVE.
MIAMI FL 33168

2. Principal Place of Business
11051 S.W. 170 TR.
 Suite, Apt. #, etc.

3. Mailing Address
11051 S.W. 170 TR.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number **65-0061006**

Applied For
 Not Applicable

Zip
33157 Country
USA

Zip
33157 Country
USA

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

VIDAL, CANDIDO
4460 N.W. 73RD AVE.
MIAMI FL 33168

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

04/27/2001

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	VIDAL, CANDIDO	
STREET ADDRESS	4460 NW 73RD AVE	
CITY-ST-ZIP	MIAMI-FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VIDAL CANOIDO	
STREET ADDRESS	4460 NW 73RD AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2034 (10/00)

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 #

04/27/2001