

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2003 8:00 am
Secretary of State

07-09-2003 90044 022 ***150.00

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DOCUMENT # P00000001737

1. Entity Name
LABELS & SIGNS ENTERPRISES, CORP.



Principal Place of Business
8320 NW 8 ST
415
MIAMI FL 33126

Mailing Address
8320 NW 8 ST
415
MIAMI FL 33126



2. Principal Place of Business

6412 NW 82 AVE

3. Mailing Address

6412 NW 82 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

MIAMI, FLA.

City & State

MIAMI, FLA.

4. FEI Number

65-0976071

Applied For

Not Applicable

Zip

33166

Country

Zip

33166

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUERRERO, HORACIO
8320 NW 8 ST
#415
MIAMI FL 33126

7. Name and Address of New Registered Agent

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

4-7-03

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GUERRERO, HORACIO
8290 LAKE DRIVE #231
MIAMI FL 33166

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
GUERRERO, HUGO
1450 W 68TH STREET #8
HIALEAH FL 33012

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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

4-7-03 305-477-9759

Date

Daytime Phone #

CR2E034 (10/02)