FILED
Sep 16, 2002 8:00 am
Secretary of State
09-16-2002 90091 040 ***150.00

B0138261

~~AMENDED~~ FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000002634

1. Entity Name

CLASS GRAPHICS, INC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5330 NW 99 WAY	5330 NW 99 WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
CORAL SPRINGS	CORAL SPRINGS
City & State: FL	City & State: FL
Zip: 33076 Country:	Zip: 33076 Country:

4. FEI Number: 65-0972258 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ALAN SERCHAY CPA

Street Address (P.O. Box Number is Not Acceptable): 5300 NW 33 AVE SUITE 117

City: FT LAUDERDALE FL Zip Code: 33309

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's signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. CLAUDIA BUCHALTER 5330 NW 99 WAY CORAL SPRINGS FL 33076
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RICHARD BUCHALTER SAME
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CR2E037B (12/01)

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 9/12/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
Doc # 0000002634 9/12/02

PLEASE NOTE

WE DO NOT SEEM TO RECEIVING THESE FORMS.

THANK YOU!