

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91287 026 ***150.00

DOCUMENT # P00000003669
1. Entity Name
 GRAPHIC DESIGN CONSULTANTS, INC.

Principal Place of Business
 1740 S. BAYSGORE LANE
 MIAMI, FL. 33133

Mailing Address
 C/O SERGIO R. PENTON, PA.
 780 NW LEJEUNE RD. #427
 MIAMI, FLORIDA 33126

2. Principal Place of Business
 1740 S. Bayshore Lane
 Suite, Apt. #, etc.

3. Mailing Address
 780 NW LEJEUNE RD.
 # 427

City & State
 MIAMI, FLORIDA 33133

City & State
 MIAMI, FLORIDA 33126

Zip 33133 **Country** USA

Zip 33126 **Country** USA

4. FEI Number 65-0976175 **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent
 PENTON, SERGIO R.
 3191 CORAL WAY SUITE 200
 MIAMI, FLORIDA 33145

7. Name and Address of New Registered Agent
Name SERGIO R. PENTON
Street Address (P.O. Box Number is Not Acceptable) 780 NW LEJEUNE RD.
SUITE # 427
City MIAMI **FL** **Zip Code** 33126

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 _____ **DATE** _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MODESTO ECHEZARRETA 1740 S. BAYSHORE LANE MIAMI, FL. 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV DIANA ECHEZARRETA 1740 S. BAYSHORE LANE MIAMI, FL. 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Modesto Echezarreta* **Date** 4/27/01 **Telephone** (305) 448-1362

CR2E034 (10/00)