

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 06, 2001 8:00 am
Secretary of State

02-15-2001 90025 023 ***150.00

DOCUMENT # P00000032397

1. Entity Name

A1 PRINT-GRAPHICS, INC.COM

Principal Place of Business

**2028 S CONFERENCE DRIVE
 BOCA RATON FL 33486**

Mailing Address

**2028 S CONFERENCE DRIVE
 BOCA RATON FL 33486**

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

65-0991835

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RELDMAN, JOEL N
 401 CAMINO GARDENS BLVD
 BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name

JANEIRO H MAECHTLE

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

2028 S. CONFERENCE DRIVE

BOCA RATON FL

City

FL

Zip Code

33486

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

Janeiro H. Maechtle JANEIRO H. MAECHTLE, PRESIDENT 2-26-01

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

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

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | MAECHTLE, JANEIRO H | |
| STREET ADDRESS | 2028 S CONFERENCE DRIVE | |
| CITY-ST-ZIP | BOCA RATON FL 33486 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | MAECHTLE, JOHN P | |
| STREET ADDRESS | 2028 S CONFERENCE DRIVE | |
| CITY-ST-ZIP | BOCA RATON FL 33486 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

Janeiro H. Maechtle
JANEIRO H. MAECHTLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-01 561362-5536

Date

Daytime Phone #

CR2E034 (10/00)