2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 15, 2001 8:00 am DOCUMENT # P00000041119 **Secretary of State** 1. Entity Name GRAPHIX INTERNATIONAL CORPORATION 03-15-2001 90008 043 ***150.00 Principal Place of Business Mailing Address 160 NW 166TH AVENUE 160 NW 166TH AVENUE 101008 PEMBROKE PINES FL 33028 PEMBROKE PINES FL 33028 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VALLEJO, JUAN Street Address (P.O. Box Number is Not Acceptable) 160 NW 166TH AVENUE PEMBROKE PINES FL 33028 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. DP CR2E034 (10/00) ☐ Addition TITLE ☐ Delete TITLE NAME TASCON, HAROLD NAME 160 NW 166TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33028 TITLE VS ☐ Delete TITLE ☐ Change NAME SILVA, TATIANA NAME STREET ADDRESS STREET ADDRESS 160 NW 166TH AVENUE CITY-ST-ZIP PEMBROKE PINES FL 33028 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME VALLEJO, JUAN NAME STREET ADDRESS 160 NW 166TH AVENUE STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33028 TIPLE ☐ Detete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 trusten 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 fixe empowered.