2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

FILED Apr 02, 2001 8:00 am Secretary of State **DOCUMENT # P00000044975** ALTAGRAPHIX, INC. 04-02-2001 90283 032 ***158.75 Mailing Address Principal Place of Business 8181 N.W. 38 STREET 8181 N.W. 30 STREET SUITE 18 SUITE 18 COCCOLTÓ WIAMI FL-93166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address 11650 N. GEDALL 11650 N. KENDALI Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 1905999 65-Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required U S-74 -6.₂Name and Address of Current Registered Agent.∞ 7: Name and Address of New Registered Agent CORTEZ, SILVIO Street Address (P.O. Box Number is Not Acceptable) 8181 N.W. 36 STREET SUITE 18 MIAMI FL 33166 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 signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PTD TITLE ☐ Delete TITLE CORTEZ. SILVIO NAME NAME 8456 SW 1/4 Place STREET ADDRESS 8181 N.W. 36 STREET, SUITE 18 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP VSD ☐ Delete TITLE TITLE CORTEZ, JANET W NAME NAME 8W 114 Place 8181 N.W. 38 STREET, SUITE 18 STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI FL 33166 CITY-ST-ZIP ☐ Change - ☐ Addition TITLE TITLE . Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.