

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P00000056168

1. Entity Name

Liquid Graphics, Inc.



DO NOT WRITE IN THIS SPACE

2006 AUG 14 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-06

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1435 S. University Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Plantation, Florida

City & State

4. FEI Number 65-1014455

Applied For

Not Applicable

Zip
33324

Country
US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Mark Olson

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

1435 S. University Drive

City Plantation

FL

Zip Code

33324

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Mark Olson
5151 SW 20th St
Plantation, FL 33317

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
Veronica A. Vargas
5151 SW 20th St
Plantation, FL 33317

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

SIGNATURE:

Mark Olson

06/22/2006

954-323-6300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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**LIQUID GRAPHICS, INC..
1435 S. UNIVERSITY DRIVE
PLANTATION, FL. 33324**

June 21, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Dear Sir or Madam:

Please be advised that I never received my year UBR renewal forms for the years 2004, 2005 and 2006.

As per the instructions that I received when calling your office in reference to this matter, I have enclosed a Corporation Reinstatement Form that I have filled out along with a check to cover the filing fees for my corporation for 2004, 2005 and 2006.

Please accept the enclosed report and payment of \$ 450.00 (\$ 150.00 per year) in full satisfaction of my filing requirements.

Thank you,

✓ 

Mark Olson
President