FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
03 NOV 10 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000056168

1. Entity Name

LIQUID GRAPHICS, INC.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1435 S. UNIVERSITY DRIVE	8211 W. BROWARD BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc. STE. 200
City & State: PLANTATION, FL	City & State: PLANTATION, FL
Zip: 33324 Country: US	Zip: 33324 Country: US

4. FEI Number 65-1014455 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JAY L. BORSKY

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

8211 W. BROWARD BLVD., STE. 200

City: PLANTATION FL Zip Code: 33324

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 _____ JAY L. BORSKY 11-05-03

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	P	TITLE	100024573891
NAME	MARK OLSON	NAME	11/10/03--01112--008 **150.00
STREET ADDRESS	14940 SW 145 Street	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33196	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	VERONICA VARGAS	NAME	
STREET ADDRESS	14940 SW 145 Street	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33196	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	**IN THIS SPACE**
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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: _____ VERONICA VARGAS 11-05-03 954-723-9552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

LIQUID GRAPHICS, INC.
C/O 8211 West Broward Blvd., Ste. 200
Plantation, FL 33324

11-05-03

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: P00000056168

To Whom It May Concern:

Please be advised that the mailing address of my corporation has changed and I never received my 2003 UBR.

Enclosed is a blank report that I have filled out along with a check for $150.00.

Please accept this in full satisfaction of my filing requirements and abate any penalties that I may be assessed.

Thank you,

Veronica Vargas
Vice President