

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90718 007 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000060037

1. Entity Name
ECP GRAPHIC GROUP, INC.

Principal Place of Business
 1852 S.W. 176TH AVENUE
 MIRAMAR, FL 33029

Mailing Address
 1852 S.W. 176TH AVENUE
 MIRAMAR, FL 33029

11039707

2. Principal Place of Business
2001 S.W. 176th Avenue

3. Mailing Address
2001 S.W. 176th Avenue

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Miramar FL

City & State
Miramar FL

Zip
33029

Country
U.S.A.

4. FEI Number
85-1015837

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
PEREZ, EDWIN S
1852 S.W. 176TH AVENUE
MIRAMAR, FL 33029

7. Name and Address of New Registered Agent
 Name **Perez, Edwin S.**
 Street Address (P.O. Box Number is Not Acceptable)
2001 S.W. 176th Avenue
 City **Miramar** FL Zip Code **33029**

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 **Edwin S. Perez** *Edwin S. Perez* **4/29/03**

Signature should be printed name of registered agent and not I.R.E. if applicable. (NOTE: Registered Agent's signature required when registering)



9. Election Campaign Financing
 Trust Fund Contribution, ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	☐ Delete
NAME	PEREZ, EDWIN S
STREET ADDRESS	1852 S.W. 176TH AVENUE
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Edwin S. Perez** *Edwin S. Perez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CH2E034 (10/02)