## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 17, 2001 8:00 am Secretary of State DOCUMENT # P00000067217 04-28-2001 90003 031 \*\*\*158.75 D&G DESIGN AND GRAPHICS GROUP, INC. Principal Place of Business Mailing Address 13231 SW 85 TERRACE 13231 SW B5 TERRACE 44007 MIAMI FL 33183 MIAMI FL 33183 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, étc. Sulte, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MEJIA: JULIO A-Street Address (P.O. Box Number is Not Acceptable) 13231 SW 85 TERRACE MIAMI FL 33183 Zip Code 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 registived 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. (See criteria on back) Make Check Payable to Department of State PROSINON TOFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Delete Addition CR2E034 (10/00) TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delate me ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Delete TITLE ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ 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 attackment and adviress, with all other like empowered.

W/LUS- ST. MEJIA, JULIO

FILED

305-484-3202

Daybme Phone #

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