2002 Uniform Business Report (UBR)

Mar 28, 2002 8:00 am P00000067815 DOCUMENT # **Secretary of State** 1. Entity Name 03-28-2002 90158 029 ***150 00 LENA GRAPHIC DESIGN, INC. Principal Place of Business Mailing Address 805 N E 199TH STREET 805 N E 199TH STREET APT. #207 APT. #207 MIAMI FL 33179 MIAMI FL 33179 2. Principal Place of Business 3. Mailing Address 1140 NE. 163 ST. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #6 City & State City & State 4. FEI Number Applied For 65-1025058 Joroth Miami Bead Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUPARASRI, LENA Street Address (P.O. Box Number is Not Acceptable) 805 N E 199TH STREET APT. #207 MIAMI FL 33179 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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Addition SUMONTHEE, LENA SUPARASRI, LENA NAME NAME STREET ADDRESS 805 N E 199TH STREET, APT. #207 805 NE. 199 STREET, APT. #807 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33179** CITY-ST-ZIP MIAMI, FL 33179 TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition 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.

SIGNATURE:

SUMONTHEE