

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000074656

1. Entity Name
MBD PRINTING & GRAPHICS, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90056 033 ***158.75

Principal Place of Business

Mailing Address

~~8674 S.W. 50 STREET~~
~~COOPER CITY FL 33328~~

8674 S.W. 50 STREET
COOPER CITY FL 33328

00011000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1570 N.W. 165th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

4. FEI Number

65-1031903

Applied For

Not Applicable

Zip

33169

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIS, LESLIE J
8674 S.W. 50 STREET
COOPER CITY FL 33328

Name

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

City

FL

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
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, LESLIE J	
STREET ADDRESS	8674 S.W. 50 STREET	
CITY-ST-ZIP	COOPER CITY FL 33328	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
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:

Leslie J. Harris

Leslie J. Harris

Date

2/13/01

(305) 625-9600

Daytime Phone #

CR2E034 (10/00)