FILED

2002 Uniform Business Report (UBR)

Mar 20, 2002 8:00 am **DOCUMENT #** P00000078467 **Secretary of State** 1. Entity Name GD PRINTING & GRAPHICS DESIGN, INC. 03-20-2002 90017 038 ***150.00 Mailing Address Principal Place of Business POST OFFICE BOX 960644 POST OFFICE BOX 960644 MIAMI FL 33296 MIAMI FL 33296 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-1036613 Not Applicable Zip 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 LOPEZ, GLORIA Street Address (P.O. Box Number is Not Acceptable) 933 S. STREET ROAD 7 PLANTATION FL 33317 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!!-FEE IS \$150.00 This corporation is eligible to satisfy its Intangible. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition CR2E034 (9/01 ☐ Delete TITLE TITLE LOPEZ, GLORIA NAME NAMÉ STREET ADDRESS STREET ADDRESS POST OFFICE BOX 960644 CITY-ST-7IP MIAMI FL 33296 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ۷D ☐ Delete TITLE NAME LOPEZ, GUSTAVO NAME STREET ADDRESS STREET ADDRESS POST OFFICE BOX 960644 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33296 Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NĀME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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 qualfy 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, v