

2001 UNIFORM BUSINESS REPORT (UBR)

5/7/01

FILED
May 31, 2001 8:00 am
Secretary of State

05-07-2001 90018 011 ***150.00

DOCUMENT # P00000079653

1. Entity Name
GRAFFIX PLUS, INC.

Principal Place of Business
8280 N.W. 68TH STREET
MIAMI FL 33166

Mailing Address
8280 N.W. 68TH STREET
MIAMI FL 33168

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

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

HERNANDEZ, PETER
10020 S.W. 198TH STREET
MIAMI FL 33157

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 _____ (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	VD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, ADOLFO	
STREET ADDRESS	5442 S.W. 149TH CT	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, ALICIA	
STREET ADDRESS	5442 S.W. 149TH CT	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, PETER	
STREET ADDRESS	10020 S.W. 198TH STREET	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(f), 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: *Adolfo Hernandez*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON SIDE 1 OF 1

4/25/01 (305) 591-7140
 Date Daytime Phone

CR2004 (10/00)