2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000104610 DOCUMENT

1. Entity Name

LUX LABEL MATERIALS INC.

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FILED Jan 15, 2003 8:00 am Secretary of State
01-15-2003 90202 014 ***150.00

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Principal Place 8060 NW 66T MIAMI FL 331		,	8060	ng Address NW 66TH ST I FL 33166	W 66TH ST FL 33166			्ष व्य	ir by.			
2. Principal I	Place of Busines	SS	3. Mai	iling Address			!!			1 86481 (1884)		
Suite, Apt	t. #, etc.		Suite	te, Apt. #, etc.			-	□ СН	ECK HERE I	IF MAKIN	G CHANG	ES
City & Sta	ate		City	& State			4. FEI N	umber 65-	1054708			Applied Fo
Zip		Country	Zip		Coun	try	5. Certifi	icate of Statu		П	\$8.75	
	6 Name e	nd Address of Current	Registere	ed Agent		· · · · · · · · · · · · · · · · · · ·		and Addres			Fee Requ	iired
	U. Haine a	nd Address or Current	negistere	o Agent		Name	7. Name	and Addres	S D7 New A	egistereu	Agent	
VASQUEZ	-	يرزو يصحب داموت	٠.	سب ب ب س	ا ج م	Street Address ((P.O. Box Nu	umber is Not	Acceptable)):= ===	- 50.1	
	103 STREET,	#102							· · · · ·			
MIAMI FL	33166				ļ							
						City				FL	Zip C	ode
8. The above the obligation	e named entity s itions of register	submits this statement fo	or the purp	ose of changing i	ts registere	ed office or register	red agent, o	r both, in the	State of Flo	rida. I am	familiar wit	th, and acc
SIGNATURE												
		printed name of registered agent	and title if appl	licable. (NC	OTE: Registered	d Agent signature required	d when reinstation	a)		DATE		
	Signature, typed or	printed name of registered agent	and title if appl	olicable. (NC	OTE: Registered	d Agent signature required	d when reinstating	g)		DATE		
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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 10 or Block 11 if changed, or on an attachment with a address, with all other like empowered.

SIGNATURE:

////hat/ire required SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR