

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90090 008 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

|  |   |   |   |
|--|---|---|---|
| <b>DOCUMENT # P01000040140</b>   |   |   |   |
| 1. Entity Name<br><b>SIGNAGE &amp; PRECISION CUTTING, CO.</b>  |   |   |   |
| Principal Place of Business<br><b>15552 RAVENSWICKE MANOR<br/>DAVIE FL 33331</b>   |   | Mailing Address<br><b>15552 RAVENSWICKE MANOR<br/>DAVIE FL 33331</b>  |   |
| 2. Principal Place of Business<br><b>15980 NW 48 AVE</b>   |   | 3. Mailing Address  |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |
| City & State<br><b>MIAMI, FLORIDA</b>  |   | City & State  |   |
| Zip<br><b>33015</b>  | Country<br><b>MIAMI-DADE</b>  | Zip   | Country   |
| 6. Name and Address of Current Registered Agent<br><b>GONZALEZ, MAURICIO A<br/>15552 RAVENSWICKE MANOR<br/>DAVIE FL 33331</b>  |   | 7. Name and Address of New Registered Agent   |   |
| Name   |   | Name  |   |
| Street Address (P.O. Box Number is Not Acceptable)   |   | Street Address (P.O. Box Number is Not Acceptable)  |   |
| City   |   | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small> |   |   |   |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/><br>(See criteria on back)                           |   | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2002 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> |   |
|  |   | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                    |   |
| 11. OFFICERS AND DIRECTORS   |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>GONZALEZ, GERMAN<br/>1631 N WINDSOR DR, NO. 211<br/>ARLINGTON HEIGHTS IL 60004</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>GONZALEZ GERMAN<br/>13420 NW 4TH STREET # 202<br/>PEMBROKE PINES, FL. 33028</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>GONZALEZ, GLORIA<br/>1631 N WINDSOR DR, NO. 211<br/>ARLINGTON HEIGHTS IL 60004</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>GONZALEZ GLORIA<br/>13420 NW 4TH STREET # 202<br/>PEMBROKE PINES, FL. 33028</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>GONZALEZ, LESLY<br/>15552 RAVENSWICKE MANOR<br/>DAVIE FL 33331</b> <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>GONZALEZ, MAURICIO A<br/>15552 RAVENSWICKE MANOR<br/>DAVIE FL 33331</b> <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>GIRON, ALEXANDER<br/>5401 SW 125 TERR<br/>MIRAMAR FL 33027</b> <input type="checkbox"/> Delete                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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:** Mauricio A. Gonzalez  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**MAURICIO A. GONZALEZ 2-22-02 305-888-4000**  
Date Daytime Phone #

CR2E034 (9/01)