## 2003 FOR PROFIT CORPORATION

Mailing Address

MIAMI FL 33166

8009 NW 36TH STREET. SUITE 220

## NIFORM BUSINESS REPORT (UBR)



**FILED** Mar 26, 2003 8:00 am Secretary of State

03-26-2003 90139 036 \*\*\*150.00

DOCUMENT#	PU1000076378
1. Entity Name	
<b>EXIBEO PROMOTIONAL</b>	AND DISPLAY PRODUCTS INC.

changed, or on an attachment with an address, with all

Principal Place of Business

**MIAMI FL 33166** 

8009 NW 36TH STREET. SUITE 220

2. Principal Place of Business 3. Mailing Address CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 65-1128341 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent BURGOS, RICARDO 8009 NW 36TH STREET, SUITE 220 **MIAMI FL 33166** Viram, 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. I am familiar with, and accept the obligations of registered agent FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE TITLE 9918 NW 29 ST **BURGOS, RICARDO** NAME NAME Miami, FL 33172 STREET ADDRESS 8009 NW 36TH STREET, SUITE 220 STREET ADDRESS **MIAMI FL 33166** CITY-ST-ZIP CITY-ST-ZIP 9918 NW 29 ST ☐ Addition ∠ Change TITLE **VPSD** □ Delete TITLE NAME NAME SANDOVAL, ALICIA Miami, FZ 33172 STREET ADDRESS STREET ADDRESS 8009 NW 36TH STREET, SUITE 220 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33166 ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. 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 10 or Block 11 if