

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000084713

1. Entity Name

GRAPHIC EXPRESS AND PRINTING SOLUTIONS, INC.

Principal Place of Business
16221 NW 57 AVENUE
MIAMI FL 33014

Mailing Address
16221 NW 57 AVENUE
MIAMI FL 33014

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

OWEIS, ANISA
16221 NW 57 AVENUE
MIAMI FL 33014

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

4. FEI Number

65-1132396

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2002 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 PV
NAME OWEIS, ANISA
STREET ADDRESS 3810 NW 62 AVENUE
CITY-ST-ZIP MIAMI FL 33166

 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Aniso Oweis
16221 NW 57 Ave
miami, FL 33014

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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: *Signature Ensured*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02 305-628-3838
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)