

02 JUL 12 PM 4:01

06-19-2002 90466 001 *****8.75
06-19-2002 90466 002 *****158.75
03-27-2002 90075 026 *****150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000086846

1. Entity Name
GRAPHIKART DESIGN LOFT CORPORATION

Principal Place of Business
520 BRICKELL KEY DRIVE, SUITE 0-305
MIAMI FL 33131

Mailing Address
520 BRICKELL KEY DRIVE, SUITE 0-305
MIAMI FL 33131

2. Principal Place of Business
4229 C SW 75 Ave. 199 OCEAN LANE DRIVE

Suite, Apt. #, etc.
4229 C CCS #1009

City & State
MIAMI FLORIDA KEY BISCAVNE

Zip Country
33155 USA 33149 USA

4. FEI Number 65-1145957 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

Name LILIANA OVIEDO
Street Address (P.O. Box Number is Not Acceptable)
199 OCEAN LANE DRIVE, CCS #1009
City KEY BISCAVNE FL Zip Code 33149

TRANSGLOBAL CORPORATE ADMINISTRATION INC.
520 BRICKELL KEY DRIVE, SUITE 0-305
MIAMI FL 33131

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 *Liliana Oviedo* LILIANA OVIEDO, PRESIDENT

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

(NOTE: Registered Agent signature required when releasing)

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 NAME STREET ADDRESS CITY-ST-ZIP	D OVIEDO, LILIANA 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI FL 33131 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OVIEDO, LILIANA 199 OCEAN LANE DRIVE CCS #1009 KEY BISCAVNE, FL 33149 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OVIEDO, GUSTAVO 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI FL 33131 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OVIEDO, GUSTAVO 199 OCEAN LANE DRIVE CCS #1009 KEY BISCAVNE, FL 33149 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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)(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: *Liliana Oviedo* LILIANA OVIEDO 3-13-2002 T.(305)365-0116

SIGNATURE IS TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0116

CFR2034 (9/01)

7/12/03
00