

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91203 017 ***150.00

DOCUMENT # **P01000110429**

1. Entity Name
EXTERIOR GRAPHIC GROUP, INC.

DO NOT WRITE IN THIS SPACE

B0124333

2. Principal Place of Business

3. Mailing Address

9601 SW 142 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1028

City & State

MIAMI FL

4. FEI Number

65-1157400

Applied For

Not Applicable

Zip

Country

Zip

Country

33186

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ALEXANDER AREVALO

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

9601 SW 142 AVE #1028

City

MIAMI FL

FL

33186

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P. Alidett Espinoza
9601 SW 142 AVE #1028
MIAMI FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P.V. Juan Valles
9601 SW 142 AVE #1028
MIAMI FL 33186

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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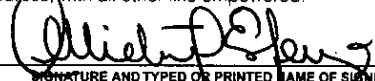
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5129102 7863718148

Date

Daytime Phone #

CR2E034B (12/01)