

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90343 049 ***150.00

CR2E034 (10/02)

DOCUMENT # P02000006269

1. Entity Name
CORPORATE GRAFIX, INC.



Principal Place of Business
**11645 SW 62ND AVENUE
MIAMI FL 33156**

Mailing Address
**11645 SW 62ND AVENUE
MIAMI FL 33156**

2. Principal Place of Business
270 ALHAMBRA CIRCLE

3. Mailing Address
270 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CORAL GABLES, FLORIDA

City & State
CORAL GABLES, FLORIDA

4. FEI Number
75-3032825

Applied For
Not Applicable

Zip
33134

Country
USA

Zip
33134

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SALAS, EDE, PETERSON & LAGE, L.L.C.
6333 SUNSET DRIVE
SOUTH MIAMI FL 33143**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
TONDA, FRANCISCO
11645 SW 62ND AVENUE
MIAMI FL 33156** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
SCONAS, RUBEN
11645 SW 62ND AVENUE
MIAMI FL 33156** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
GUARDADO, JULIO
11645 SW 62ND AVENUE
MIAMI FL 33156** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECONAS, RUBEN
11555 S.W. 93 COURT
MIAMI, FLORIDA, 33176** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/03 (305) 447-9820

Date

Daytime Phone #