

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90173 003 ***150.00

DOCUMENT # P02000014567

1. Entity Name
PITBULL GRAPHICS, CORP.



Principal Place of Business
14431 NW 87 CT
MIAMI LAKES FL 33018

Mailing Address
14431 NW 87 CT
MIAMI LAKES FL 33018

2. Principal Place of Business
14431 NW 87 CT.
Suite, Apt. #, etc.

3. Mailing Address
14431 NW 87 CT
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI LAKES FL.

City & State
MIAMI LAKES FL.

4. FEI Number
01-0590281

Applied For
☒ Not Applicable

Zip
33018

Country
UGA

Zip
33018

Country
USA

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

6. Name and Address of Current Registered Agent

FLORES, VICTOR
14431 NW 87 CT
MIAMI LAKES FL 33018

7. Name and Address of New Registered Agent

Name
VICTOR FLORES

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

14431 NW 87 CT.

City **MIAMI LAKES** **FL** **Zip Code** **33018**

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

VICTOR FLORES
(NOTE: Registered Agent signature required when reinstating)

4-9-03
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **FLORES, VICTOR**
STREET ADDRESS **14431 NW 87 CT**
CITY-ST-ZIP **MIAMI LAKES FL 33018**

TITLE **VD** ☐ Delete
NAME **ORTEGA, FATIMA**
STREET ADDRESS **14431 NW 87 CT**
CITY-ST-ZIP **MIAMI LAKES FL 33018**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

VICTOR FLORES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-03
Date

305-8253288
Daytime Phone #

CR2E034 (10/02)