

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90103 042 ***150.00

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DOCUMENT # P02000028976

1. Entity Name
PAPER & CONCEPT INC.



Principal Place of Business
718 PALERMO AVENUE
CORAL GABLES FL 33134

Mailing Address
718 PALERMO AVENUE
CORAL GABLES FL 33134



2. Principal Place of Business
204 Aragon Ave
Suite, Apt. #, etc.

3. Mailing Address
204 Aragon Ave
Suite, Apt. #, etc.

City & State
Coral Gables FL

City & State
Coral Gables FL

4. FEI Number
05-0523356
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

SEGURA, GISELLE M
718 PALERMO AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
SEGURA, GISELLE M.
Street Address (P.O. Box Number is Not Acceptable)
204 Aragon Avenue
Coral Gables FL 33134

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 *Giselle M. Segura*
Signature, typed or printed name of registered agent and title if applicable.

GISELLE M. SEGURA 4/3/03

(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
P
SEGURA, GISELLE M
718 PALERMO AVENUE
CORAL GABLES FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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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
P
SEGURA, GISELLE M
204 ARAGON AVENUE
CORAL GABLES, FL 33134 ☒ Change ☐ Addition

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

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

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

TITLE
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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: *Giselle M. Segura* REGISTERED M. SEGURA 4/3/03 305 476 9810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)